IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "Butch" Otter – Governor
Richard Armstrong – Director

BUREAU OF FACILITY STANDARDS
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CERTIFIED MAIL: 7000 1670 0011 3315 2054

March 28, 2008

Susan Broetje
Idaho State School and Hospital
1660 Eleventh Avenue North
Nampa, Idaho 83687

RE: Idaho State School & Hospital, provider #13G001

Dear Ms. Broetje:

Based on the Medicaid/Licensure survey completed at Idaho State School & Hospital on March 17, 2008, by our staff, we have determined that Idaho State School & Hospital is out of compliance with the Medicaid Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) Condition of Participation on Governing Body and Management (42 CFR 483.410), Client Protections (42CFR 483.420) and Active Treatment Services (42 CFR 483.440). To participate as a provider of services in the Medicaid program, an ICF/MR must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this Condition to be unmet, substantially limit the capacity of Idaho State School & Hospital to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before **May 1, 2008. To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than April 23, 2008.**

The following is an explanation of a credible allegation:

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that the Medicaid Agency terminate your approval to participate in the Medicaid Program. If you fail to notify us, we will assume you have not corrected.

Also, pursuant to the provisions of IDAPA 16.03.11.320.04, Idaho State School & Hospital is being issued a Provisional Intermediate Care Facility for Persons with Mental Retardation license. The license is enclosed and is effective March 17, 2008, through July 17, 2008. The conditions of the Provisional License are as follows:

1. Post the provisional license.

2. Correct all cited deficiencies and maintain compliance.

Please be aware that failure to comply with the conditions of the provisional license may result in further action being taken against the facility's license pursuant to IDAPA 16.03.11.350.

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by **April 25, 2008**. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review.

Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator
Division of Medicaid -- DHW
P.O. Box 83720
Boise, ID 83720-0036
phone: (208)364-1804
fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues which are not raised at an administrative review may not later be raised at higher level hearings (IDAPA 16.05.03.301).

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by April 10, 2008. If a request for informal dispute resolution is received after April 10, 2008, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

We urge you to begin correction immediately. If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

NICOLE WISENOR
Supervisor
Non-Long Term Care

NW/mlw

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	03/17/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	1660 ELEVENTH AVE NORTH NAMPA, ID 83687

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during your annual recertification survey and complaint investigations. The surveyors conducting your survey were: Monica Williams, QMRP, Team Leader Michael Case, LSW, QMRP Sherri Case, LSW, QMRP Matt Hauser, QMRP Common abbreviations/words used in this report are: ADHD - Attention Deficit Hyperactive Disorder BRF - Behavior Reporting Form CFA - Comprehensive Functional Assessment DOP - Destruction of Property HIS - Human Interaction System HRC - Human Rights Committee IDT - Interdisciplinary Team MAR - Medication Administration Record NOS - Not Otherwise Specified OCD - Obsessive Compulsive Disorder PCP - Person Centered Plan PKU - Phenylketonuria PRN - As Needed PTSD - Post Traumatic Stress Disorder QMRP - Qualified Mental Retardation Professional RN - Registered Nurse	W 000		
W 100	440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if: (1) The primary purpose of the institution is to	W 100		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 100	Continued From page 1 provide health or rehabilitative services for mentally retarded individuals or persons with related conditions; (2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined each recipient for whom payment was requested was not receiving active treatment as specified in 483.440. The findings include: 1. Refer to W195 - Condition of Participation for Active Treatment Services not met and related standard level deficiencies.	W 100		
W 102	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. This CONDITION is not met as evidenced by: Based on observation, record review, and staff interviews, it was determined the facility's governing body failed to take actions that identified and resolved systematic problems of a serious and recurrent nature. As a result, individuals were not adequately protected and active treatment services were negatively impacted. Findings include:	W 102		

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W 102	Continued From page 2 1. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies. The facility was cited at W104 during an annual recertification survey dated 3/8/02, a complaint investigation dated 4/24/03, a recertification survey dated 8/1/03, a follow up survey dated 5/5/04, a recertification survey dated 3/29/05, a recertification survey dated 6/19/06, a follow up survey dated 8/28/06, and a recertification survey dated 4/18/07. 2. Refer to W122 - Condition of Participation for Client Protections and related standard level deficiencies as it relates to the facility's failure to ensure individuals were not subjected to neglect or mistreatment. The facility was cited at W122 during an annual recertification survey dated 3/8/02, a follow up survey dated 6/28/02, a complaint investigation dated 4/24/03, a recertification survey dated 8/1/03, a recertification survey dated 6/19/06, and a follow up survey dated 8/28/06. 3. Refer to W195 - Condition of Participation for Active Treatment Services and related standard level deficiencies as it relates to the facility's failure to provide an aggressive, continuous active treatment program to promote the acquisition of skills necessary for individuals to function with as much independence and self-determination as possible. The facility was cited at W195 during an annual recertification survey dated 3/8/02, a follow up survey dated 6/28/02, a recertification survey dated 8/1/03, a follow up survey dated 5/5/04, a recertification survey dated 6/19/06, and a recertification survey dated 4/18/07.	W 102		

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W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility's governing body failed to take actions that identified and resolved systematic problems for the individuals residing at the facility. This failure had the potential to negatively impact 92 of 92 individuals (Individuals #1 - #92) residing at the facility. Failure of the governing body to ensure these requirements were met resulted in the facility being found out of compliance with three (3) Conditions of Participation. The findings include: 1. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to policies and procedures to prevent neglect and/or mistreatment were adequately implemented and monitored. The facility was previously cited at W149 during a complaint investigation dated 4/24/03, a recertification survey dated 8/1/03, a follow up survey dated 5/5/04, a follow up survey dated 8/26/04, a recertification survey dated 3/29/05, a recertification survey dated 6/19/06, and a recertification survey dated 4/18/07. 2. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to the failure to ensure individuals' services were sufficiently coordinated and monitored by the	W 104		

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W 104	Continued From page 4 QMRP. The facility was previously cited at W159 during a follow up survey dated 11/8/02, a complaint investigation dated 4/24/03, a recertification survey dated 8/1/03, a follow up survey dated 5/5/04, a follow up survey dated 8/26/04, a recertification survey dated 8/27/04, a recertification survey dated 3/29/05, a recertification survey dated 6/19/06, a follow up survey dated 8/28/06, a complaint investigation dated 9/20/06, and a recertification survey dated 4/18/07. 3. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to the failure to provide an aggressive, continuous active treatment program to promote the acquisition of skills necessary for individuals to function with as much independence and self-determination as possible. The facility was previously cited at W196 during a recertification survey dated 3/8/02, a recertification survey dated 8/1/03, a follow up survey dated 5/5/04, a recertification survey dated 6/19/06, and a recertification survey dated 4/18/07. 4. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to the failure to ensure program implementation plans included sufficient direction to staff. The facility was previously cited at W234 during a follow up survey dated 11/8/02, a recertification survey dated 8/1/03, a follow up survey dated 5/5/04, a follow up survey dated 8/26/04, a recertification survey dated 3/29/05, a recertification survey dated 6/19/06, and a follow up survey dated 8/28/06.	W 104		

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W 104	Continued From page 5 5. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to the failure to ensure training programs described in PCPs were consistently and correctly implemented. The facility was previously cited at W249 during a recertification survey dated 3/8/02, a follow up survey dated 6/28/02, a follow up survey dated 11/8/02, a recertification survey dated 8/1/03, a follow up survey dated 5/5/04, a follow up survey dated 8/26/04, a recertification survey dated 3/29/05, a recertification survey dated 6/19/06, a follow up survey dated 11/16/06, and a recertification survey dated 4/18/07. 6. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to the failure to ensure accurate data was collected in the form and frequency specified. The facility was previously cited at W252 during a recertification survey dated 6/19/06, a follow up survey dated 11/16/06, and a recertification survey dated 4/18/07. 7. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to the failure to ensure intrusive and/or restrictive interventions were conducted only with the approval from the facility's Human Rights Committee. The facility was previously cited at W262 during the annual recertification surveys dated 3/8/02, a follow up survey dated 5/5/04, a follow up survey dated 8/26/04, a follow up survey dated 8/28/06, and a recertification survey dated 6/19/06. 8. The governing body failed to provide sufficient	W 104		

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W 104	Continued From page 6 operating direction over the facility to ensure continued correction of past deficiencies related to the failure to ensure intrusive and/or restrictive interventions were conducted only with the written informed consent of individuals' guardians. The facility was previously cited at W263 during a follow up survey dated 5/5/04, a follow up survey dated 8/26/04, a follow up survey dated 8/28/06, and a recertification survey dated 4/18/07. 9. The governing body failed to provide sufficient operating direction over the facility to ensure continued correction of past deficiencies related to the failure to ensure plans incorporated the use of behavior modifying drugs. The facility was previously cited at W312 during a complaint survey dated 4/24/03, a recertification survey dated 3/8/02, a recertification survey dated 3/29/05, a recertification survey dated 6/19/06, a follow up survey dated 8/28/06, a complaint investigation dated 9/20/06, and a recertification survey dated 4/18/07.	W 104		
W 122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. This CONDITION is not met as evidenced by: Based on review of formal grievances, record review, and staff interviews it was determined the facility failed to provide the necessary client protections and ensure steps were taken to protect individuals. This resulted in a lack of sufficient systems being in place to ensure individuals were not subjected to neglect and/or mistreatment and that individuals' rights were upheld. The findings include:	W 122		

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W 122	Continued From page 7 1. Refer to W124 as it relates to the facility's failure to ensure sufficient information was provided to parents/guardians on which to base consent decisions. 2. Refer to W125 as it relates to the facility's failure to ensure individuals' rights were protected and grievances were sufficiently resolved. 3. Refer to W149 as it relates to the facility's failure to ensure the facility's policy and procedures to prevent abuse, neglect, and mistreatment were adequately implemented and monitored. 4. Refer to W262 as it relates to the facility's failure to ensure the use of video tape to assess an individual's maladaptive behavior was used only with the approval of the facility's Human Rights Committee. 5. Refer to W263 as it relates to the facility's failure to ensure the use of video tape to assess an individual's maladaptive behavior was used only with the guardians' written informed consent.	W 122		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by:	W 124		

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W 124	Continued From page 8 Based on record review and staff interview, it was determined the facility failed to ensure sufficient information was provided to guardians on which to base consent decisions for 2 of 11 individuals (Individuals #3 and #17) whose written informed consents were reviewed. This resulted in insufficient information being provided to an individual, who was his own guardian, regarding restrictive interventions. The findings include: 1. Individual #3's 11/13/07 PCP stated he was an 18 year old male whose diagnoses included mild mental retardation, bipolar disorder hypomania with psychotic features, ADHD, and PTSD. Individual #3's Medication Management Plan, dated 11/13/07, stated he received Topamax (an anticonvulsant drug), Lithium (a central nervous system drug), Seroquel (an antipsychotic drug), and Prazosin (an antihypertensive drug). Attached to the Medication Management Plan was a Behavior Support Plan Overview and Consent. Under the "New restrictive components" section, it stated "HIS up to two person sit, routine psychoactive medications." Under the "Risk of proposed treatment" section, it stated "Side effects to medications are also a risk of the proposed treatment. Please review the information attached to this document regarding medication and restraints." A "Written Informed Consent" was attached and signed by Individual #3 and an HRC representative which was dated 12/7/07. However, there was no information attached to the document regarding medications or restraints. When asked, the Clinician stated during an interview on 3/13/08 from 10:10 a.m. - 12:05	W 124		

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W 124	Continued From page 9 p.m., medication and restraint information had not been attached to the consent. Additionally, during the same interview noted above, the Clinician provided a "Temporary Informed Consent," dated 1/18/08, which included the same medications as noted above and the addition of a chemical restraint, Thorazine (an antipsychotic drug). The "Possible Risks or Complications of the Procedure" section of the Temporary Consent listed several possible side effects of the above noted medications which included hand tremors, nausea/vomiting, diarrhea, confusion, kidney stones, memory problems, tardive dyskinesia (involuntary muscle movements) and Neuroleptic Malignant Syndrome (described as a potentially very dangerous side effect of antipsychotic medications). However, the Temporary Consent did not specify which side effects were tied to which medications or the class of each medication (e.g., antipsychotic, anticonvulsant, antihypertensive). When asked during the same interview as noted above, if specific information related to the use of Thorazine had been provided to Individual #3, the Clinician stated it had not. Addtionally, Individual #3's "Self-Administration of Medication" program, dated 11/13/07, stated Individual #3 "is also able to read and say the name of all his medications, but does not know the intended benefits. [Individual #3's] self administration of medications program will be to learn the benefits of his medications then [Individual #3] will learn the major side effects of his medications."	W 124		

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W 124	Continued From page 10 The facility failed to ensure Individual #3, who was his own guardian, was provided with sufficient information on which to base consent decisions related to his behavior modifying drugs and physical restraints. 2. Refer to W263 as it relates to the facility's failure to ensure the use of video tape to assess an individual's maladaptive behavior was used only with the guardians' written informed consent.	W 124		
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, record review, and individual and staff interviews, it was determined the facility failed to ensure individuals' rights were protected and grievances and complaints were sufficiently resolved for 7 of 16 individuals (Individuals #3, #11, and #13 - #17) whose exercise of rights were reviewed. This resulted in a violation of individuals' rights and a lack of sufficient response to grievances and complaints filed by individuals. The findings include: 1. The facility's grievance policy, effective 2/10/07, defined a complaint as "A statement made by a client, legal guardian or informal representative that indicates that they are in disagreement with a decision, policy or procedure." The policy further stated that a	W 125		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 125	Continued From page 11 grievance was "The formal process that occurs when the client, legal guardian or personal advocate has been unable to satisfactorily resolve their complaint." The procedures section of the policy stated the following was to occur: Complaint/Grievance Process: "Ideally, the client, guardian and/or representative will be encouraged, but not required to, make a good faith effort to try and solve the issue at the source, or lowest level appropriate for desired outcome. If the issue is not resolved, the client, guardian, and/or representative may file a grievance." Phase I stated: - Step A: "Staff will assist the client or their representative in the steps for filing the grievance, including completing the Client Complaint and Grievance,...Form #8378." - Step B: "The Client Complaint and Grievance form will be forwarded to the client's Treatment Team for resolution. The Treatment Team (a minimum of three and a maximum of 5 members) will attempt to resolve the issue within 5 working days. The resolution and client's degree of satisfaction with the resolution will be documented on the form (#8378)." - Step C: "A copy of the Client Complaint and Grievance form will be forwarded to the Social Worker for monitoring and follow up. The Social Worker will also contact the guardian, when applicable, to inform them of the grievance and the process for resolution."	W 125		

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W 125	Continued From page 12 "Documentation of all complaints and grievances independent of the level of resolution will be filed in the Social Worker's office assigned to the relevant unit for a period of 3 years." Phase II stated: - Step A: "If the issue is not resolved at the Treatment Team level, the client may request a review by the Client Grievance Committee." - Step B: "The Client Grievance Committee will consist of staff chosen by the Administrative Director and appointed on a case-by-case basis." - Step C: "The Committee will consist of a minimum of 3 individuals (one may be a current client at [the facility]." - Step D: "The Committee will be presented with information concerning the grievance. They may interview individuals involved." - Step E: "The Administrative Director will be informed in writing of the Committee's findings and recommendations. The report will also reflect minority opinion." - Step F: "The Administrative Director shall review the Committee's proposed recommendations for resolution. The Administrative Director may add, change, or omit specific recommendations before ultimately deciding upon a plan of correction for the issue(s)." Phase III stated: - Step A: "If, for any reason, the Administrative resolution is unsatisfactory to the client, the opportunity to request an Independent Review will be offered to the client."	W 125		

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W 125	Continued From page 13 - Step B: "This review may be conducted by the client's choice of persons or groups, such as a hearing officer, lawyer, or private advocacy group." - Step C: "Once the client has identified the entity they wish to review their grievance, the Administrative Director will forward to that entity all necessary and pertinent information to assist them in conducting an Independent Review." - Step D: "Findings of the Independent Review will be forwarded to the client and the Administrative Director for review. The recommendations of the Independent Review are not binding on [the facility]." - Step E: "The Administrative Director will be required to review and indicate a resolution. The decision of the Administrative Director following this review will be final." A total of nine (9) individuals lived on Aspen group 2, which included the following individuals: - Individual #2's 11/29/07 PCP stated he was a 30 year old male whose diagnoses included mild mental retardation, OCD, ADHD, Tourette's syndrome, and antisocial personality traits with a history of conduct disorder. - Individual #13 was a 41 year old male whose diagnoses included obsessive compulsive disorder (that led to anger outbursts), pedophilia, and mild mental retardation. - Individual #14 was a 37 year old male whose diagnoses included mild mental retardation,	W 125		

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W 125	Continued From page 14 cerebral palsy, bipolar disorder, depression, obsessive compulsive disorder, and impulse control disorder. - Individual #15 was a 31 year old male whose diagnoses included schizophrenia, impulse control disorder NOS, and post traumatic stress disorder/borderline personality disorder. - Individual #16 was a 35 year old male whose diagnoses included mild mental retardation, impulse control disorder NOS with sexual inappropriateness and violence at times, and substance abuse. Of the above listed individuals, four (4) individuals (Individuals #13 - #16), filed formal grievances and/or complaints regarding Individual #2's maladaptive behaviors as follows: - 12/9/07: Individual #14's record included a memorandum which was addressed to the treatment team and dated 12/9/07. Individual #14 requested something be done regarding Individual #2's maladaptive behaviors. The memorandum referred to a complaint he had filed earlier, undated, "regarding fecal matter" in the living area [from Individual #2] and stated he was sick of seeing his friends "being reminded of their dead mother, being called names." "Addressed" was handwritten on Individual #14's memorandum, however, it did not include any information as to the date the concerns were "addressed" or how the concerns were "addressed." During an interview on 3/12/08 at 11:50 a.m., the QMRP stated that in response to Individual #14's memorandum, they tried to keep Individual #2	W 125		

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W 125	Continued From page 15 and Individual #14 separated by having Individual #14 go off campus or go to his bedroom. When asked for documentation regarding Individual #14 going off campus, a communication log entry, dated 2/3/08, was shown to the surveyor. The communication log documented Individual #2 had been "VA [verbally abusive], OL [offensive language], being very rude many times." The communication log documented other individuals left the unit at varying times with staff. Individual #14 was not listed as one of the individuals who left the unit. - 12/14/07: Individual #13 filed a grievance which stated Individual #2 was allowed to go on an outing after he was rude to Individual #13's peers and to staff. Individual #15 also filed a grievance, dated 12/14/07, which stated Individual #2 had been verbally abusive to peers and staff. Individual #16 filed a grievance, dated 12/14/07, which stated Individual #2 had "got to go on outing and everyone had to earn it." On 3/7/08 the Social Worker provided a document, dated 12/14/07, stating two QMRPs met with Individual #13, Individual #15, and Individual #16 regarding Individual #2 being abusive to staff and peers. The document stated that at the meeting, the QMRPs discussed how everyone had bad days and the individuals needed to be supportive of Individual #2. The document stated the individuals were told they could earn an outing to go to a movie if they worked hard at being supportive of Individual #2.	W 125		

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W 125	Continued From page 16 - 12/30/07: Individual #13 filed a grievance which stated "[Individual #2] been a A** to my peer a call me name, Bady [baby] raper Something need to be done or else. You will do sonething [sic]." - 1/9/08: Individual #13 filed a grievance which stated Individual #2 "call name to peers and staff. Call Bady [baby] rapers [sic]." - 1/10/08: Individual #13 filed a grievance which stated Individual #2 has been a "A** to me and my peer all day and been rude to the staff [sic]. Something need to me [sic] done or else I am call [Administrator's name] meet with her [sic]." - 1/14/08: Individual #13 filed a grievances which stated "Grievance commity I put in a lot of complaint on [Individual #2] and my team not do nothing about his abuse to staff and peer [sic]." - 1/30/08: Individual #13 filed a grievance which stated "[Individual #2] call me four eyes and been rude to guest at dinner time [sic]." - 1/31/08: Individual #13 filed a grievance which stated "[Individual #2] call my four eyes and said your dead mother and been rude and call me [sic]." - 2/1/08: Individual #13 filed a grievance which stated "[Individual #2] call me four yes [eyes]) twice and call a [unreadable] fat a** and call my sw [social worker] name and call us Baby raper twice [sic]." - 2/2/08: Individual #13 filed a grievance which stated "[Individual #2] call for [four] eyes and said your dead mom said unbeed [dig up] my mom and break bones and call my a faggot call me a	W 125		

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W 125	Continued From page 17 bady [baby] reper [raper] he friends beat up went [when] I get out and fag [unreadable] four B**ch and P**sy B**ch [sic]." Additionally, Individual #13's BRF, dated 2/2/08, stated Individual #2 had been calling Individual #13 "names" and telling him Individual #2 was glad Individual #13's mother was dead at which point Individual #13 "sucker punched" Individual #2. A communication log entry, dated 2/3/08, documented that between 6:00 a.m. and 2:00 p.m., Individual #2 had been "VA [verbally abusive], OL [offensive language], being very rude many times." The log entry showed that at 7:30 p.m., Individual #13 left the unit with staff to go get coffee. - 2/3/08: Individual #13 filed a grievance which stated "[Individual #2] call four eyes and said your dead mom and break my bones call said faggot mom bady [baby] reper [raper] he friends beat up and call me a mom boy [sic]." A second grievance filed by Individual #13 on the same day stated "[Individual #2] said dead mom day and [unreadable] The [sic] They won't do anything about him and mental abuse [sic]." Individual #2's BRF, dated 2/3/08, stated Individual #2 called Individual #13 a "baby raper" and threatened to dig up Individual #13's mother's "bones + f**k them." - 2/12/08: Individual #13 filed a grievance which stated "[Individual #2] said dead mom for [four] eyes and dead mom and call my peer bady [baby] reper [raper] and said kick in the groan [groin] [sic]." - 2/13/08: Individual #2 moved to the other side of	W 125		

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W 125	Continued From page 18 the hall. - 2/18/08: Individual #13 filed a grievance which stated "[Individual #2] call me baby reper [raper] and my dead mom and for eyes [sic]." - 2/21/08: A document, dated 2/21/08, was attach to the above mentioned 2/3/08 grievance. The document stated the Social Worker and the QMRP met with Individual #13. The document stated the QMRP and the Social Worker recognized Individual #2 had been "extremely abusive to staff and peers" and they suggested that Individual #13 go to his room or go to the television room to avoid Individual #2. From 12/9/07 to 2/18/08, Individuals #13 - #16 filed 16 complaints/grievances regarding Individual #2's maladaptive behaviors. Additionally during the survey, Individuals #13 - #16 requested to talk with the surveyors as follows: - On 3/3/08 at 11:00 a.m., Individual #15 requested a member of the survey team meet with him regarding Individual #2's maladaptive behavior. A surveyor met with him on 3/3/08 at 12:15 p.m., and he reported Individual #2 targeted Individual #13 by saying to him "dead mother." He also reported Individual #2 talked about Individual #16's dead father, and stated no one liked to be reminded of their parents passing away. He stated Individual #2 was verbally abusive to peers and staff at least 20 times a day. Individual #15 stated he had gone through the treatment team and the problem had not been resolved. He further stated "staff can not deal with [Individual #2] so they deal with us." He stated Individual #2 stole milk and food that other	W 125		

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W 125	Continued From page 19	W 125		

individuals had saved and nothing was done. He reported Individual #2 had been assaultive to Individual #84, and when Individual #15 went to the treatment team, the treatment team stated "they are dealing with it." He stated to avoid contact with Individual #2, his peers were staying in their bedrooms. He reported Individual #2 targeted Individual #13 and Individual #14. He stated the staff told the individuals to ignore Individual #2 and walk away.

- On 3/3/08 at 11:05 a.m., Individual #13 requested a member of the survey team meet with him to discuss a lack of response regarding grievances he had filed about Individual #2's maladaptive behavior. At 12:43 p.m., a surveyor met with him and he stated he wanted something done regarding Individual #2. He stated Individual #2's maladaptive behavior had been going on for 2 or 3 years and the team had done nothing. He stated the team had moved Individual #2 to the opposite side of the hall but it had not helped. He stated the Program Director had spoken to him regarding Individual #2's behaviors and referred him back to the QMRP.

- On 3/3/08 at 1:00 p.m., a surveyor met with Individual #16. Individual #16 reported he had "problems" with Individual #2. He stated Individual #2 talked about Individual #16's father dying and made fun of it. Individual #16 stated it caused him to want to "rip his (Individual #2's) head off." Individual #16 reported he isolated in his room daily and sometimes he went to the other side of the unit to avoid Individual #2. Individual #16 stated he was on probation and if he had any assaults, he would go back to jail.

- On 3/4/08, Individual #14 requested a member

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W 125	Continued From page 20 of the survey team meet with him on 3/5/08 regarding the maladaptive behavior of Individual #2. The surveyor met with him on 3/5/08 at 4:45 p.m. and he stated he had written a letter and requested the surveyor read the letter while he was present. The letter stated he and the other individuals in the living unit were being subjected to "repetitive, relentless, ongoing abuse" from Individual #2. The letter stated "We are called 'baby rapers' 'cho-mo' (child molester) 'breast grabber' 'retard' and comments of our mom's being f**ked by him." The letter stated Individual #2 stole individuals' personal food items and "He continually threaten [sic] us, threatens to hurt us, and even kill us." The letter stated "...running to our rooms is the only way to fine [sic] sanity, it is a problem." Individual #14 also stated that he could not keep food items as Individual #2 would steal and then eat or drink them. Individual #14 reported that he brought his rice cakes to the kitchen and left the area to get a sack for his lunch. Individual #14 reported that when he returned to the kitchen, Individual #2 had eaten his rice cakes. Included in Individual #14's record was a BRF, dated 2/9/08, documenting that he (Individual #14) was physically assaultive toward staff and Individual #2. The BRF showed the antecedent to the physical assault was Individual #2 had stolen a carton of Individual #14's milk. This resulted in Individual #14 assaulting Individual #2, slapping a staff when they intervened, and being placed in a HIS restraint. An observation was conducted on 3/6/08 from 12:30 - 1:45 p.m. During that time, Individual #2 was noted to say one of his training programs was "bulls**t," and began screaming down the	W 125		

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W 125	Continued From page 21 hallway for the QMRP. At 1:30 p.m., Individual #2 walked down the hallway toward the QMRP's office. Individual #89 who was present during the observation, stated Individual #2 continually called peers "baby rapers" and other names. Individual #89 reported grievances had been filed by peers on the living unit. At 1:40 p.m., Individual #2 came back to the unit and made repeated statements of "f**k it," statements he could not "stand this place," and that it was all "bulls**t." On 3/12/08 at 11:50 a.m., the QMRP was interviewed regarding the concerns the individuals had expressed regarding Individual #2's ongoing maladaptive behaviors as follows: - Regarding Individual #13: The QMRP stated Individual #2 seemed to target Individual #13 and most of Individual #13's maladaptive behaviors were in response to Individual #2. The QMRP stated Individual #13 would try to avoid Individual #2 by going to his room and listening to his stereo, and sometimes he would go to the kitchen. When asked about the treatment team's response, the QMRP stated they moved Individual #2 on 2/13/08 to the opposite side of the hall and they tried to get individuals off the unit. - Regarding Individual #14: The QMRP stated Individual #2 seemed to "push his [Individual #14] buttons." The QMRP stated Individual #14 would often go to his room or outside when Individual #2 was in the area. The QMRP stated the only time Individual #14 required a physical restraint in the past three months was related to Individual #2's maladaptive behaviors.	W 125		

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W 125	Continued From page 22 - Regarding Individual #15: The QMRP stated Individual #15 dealt with Individual #2 by going to his room or trying to be Individual #2's friend. The QMRP stated Individual #15 did not have any BRFs related to Individual #2, but Individual #15 went home frequently and "gets a break" from Individual #2. - Regarding Individual #16: The QMRP stated Individual #16 would stay away from Individual #2 and or go to his room to avoid Individual #2. When asked about Individual #16's written condition of probation if he (Individual #16) assaulted, the QMRP stated it did not include going to jail for assaults. From 12/9/07 - 2/18/08, Individuals #13 - #16 filed 16 complaints/grievances regarding Individual #2's maladaptive behaviors. In response, the individuals were instructed to be supportive of Individual #2, avoid Individual #2, and Individual #2 was moved to the other side of the hall on 2/13/08. However, these interventions were not effective in resolving the concerns as Individual #13 continued to file grievances regarding his ongoing concerns that had been expressed by the individuals. The facility's "Client Complaint and Grievance" policy was not implemented as determined by review of the responses to the complaints/grievances filed by Individuals #13 - #16, as follows: - Step A in Phase I stated staff would assist the client or the individual to complete the grievance form. Attached to Individual #13's grievance, dated 2/3/08, was documentation the QMRP and Social Worker met with him regarding numerous	W 125		

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W 125	Continued From page 23 grievances and the grievance policy. The document stated the QMRP explained to Individual #13 "why the majority did not fit in the policy based on how they were written." The documentation did not address whether Individual #13 was assisted to rewrite the grievances. The Social Worker stated on 3/7/08 at 10:55 a.m., Individual #13 stated he understood "better" how to write grievances after the meeting. - Step B in Phase I stated the form was to be forwarded to the Client's Treatment Team for resolution. The Treatment Team was defined as "a minimum of three and a maximum of 5 members." An Aspen Team Meeting minutes, dated 1/3/08, documented the QMRP and the Social Worker would "work together" to resolve a grievance filed by Individual #13. The Meeting minutes stated the grievance was regarding a peer but did not include the date or any other information regarding the grievance. The QMRP did not provide any other Aspen Team Meeting minutes regarding grievances being addressed by the team. During interview on 3/12/08 from 11:50 a.m. - 1:00 p.m., the QMRP stated the only team members to meet regarding grievances were himself (the QMRP) and the Social Worker. Step B in Phase I also stated the Treatment Team would attempt to resolve the issue within 5 working days and the resolution would be documented on the form. Documentation was attached to Individual #13's 2/3/08 grievance which stated the QMRP and Social Worker had met with him 14 working days after the grievance was written. The only grievance that was signed by Individual #13 which indicated he was satisfied with the response, was his (Individual #13's) grievance dated 12/30/07.	W 125		

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W 125	Continued From page 24 Step C stated the Social Worker would contact the guardian when applicable to inform them of the grievance and the process for resolution. During the above mentioned interview, the QMRP stated Individuals #13, #15 and #16 were not their own guardians, and their guardians had not been informed of the grievances. The QMRP also stated the grievances were not referred to the Client Grievance Committee (as specified in Phase II in the policy) for proposed recommendations for resolution which was to be reviewed by the Administrative Director. Therefore, Phase III would not be possible to implement without referral of the grievances to the Client Grievance Committee. The facility failed to ensure individuals' grievances and complaints were sufficiently resolved and the facility's "Client Complaint and Grievance" policy was implemented. 2. Refer to W149 as it relates to the facility's failure to ensure individuals were protected from abuse, neglect and mistreatment. 3. Refer to W262 as it relates to the facility's failure to ensure HRC consent was obtained prior to the use of video tape to assess an individual's maladaptive behavior. 4. Refer to W263 as it relates to the facility's failure to ensure guardians' written informed consent was obtained prior to the use of video tape to assess an individual's maladaptive behavior.	W 125		
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS	W 149		

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W 149	Continued From page 25 The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on review of the facility's policies and procedures, review of the facility's IDT and Behavior Meeting minutes, formal grievances filed by individuals, record review, and staff interviews, it was determined the facility failed to adequately implement policies necessary to protect individuals from abuse, neglect and mistreatment, which directly impacted 9 of 17 individuals (Individuals #11, #13 - #16, #75, #89 and #90) whose records were reviewed and had the potential to impact all individuals residing at the facility. The facility's failure to ensure sufficient interventions were implemented in response to individuals' maladaptive behaviors resulted in an individual being subjected to on-going physical assaults for a period of no less than six months and other individuals being subjected to on-going verbal abuse for a period of no less than three months. The findings include: 1. The facility's policy titled "Abuse Prevention" was dated 7/10/07. The policy stated "It is the policy at [the facility] to aggressively work toward reducing the possibility of any form of abuse or mistreatment to the individuals who reside here." The policy defined physical abuse and listed examples which included "Hitting, slapping, punching, kicking, and/or striking a person physically or with an object." The policy also listed examples of psychological abuse which included "...permitting a client to injure another individual."	W 149		

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W 149	Continued From page 26 Individual #11's PCP, dated 8/23/07, stated he was a 10 year old male diagnosed with mild mental retardation, attention deficit hyperactivity disorder combined type, mood disorder NOS - characterized by irritability, aggression and emotional lability, and post traumatic stress disorder. A Team Meeting note, dated 3/3/08, stated Individual #11 "is being assaulted by older, bigger, and stronger peers. He is the nos. (number) 2 person on campus at [sic] being assaulted by peers." The Meeting note documented that Individual #11 was to be moved to another unit on 3/10/08. However, during an observation on 3/6/08 from 5:15 - 6:30 p.m., it was noted Individual #11 was moved that day from one unit to another unit. Team Meeting notes, BRFs, and Minor Injury Reports (defined as injuries that did not require medical attention), dated 8/23/07 - 2/24/08, documented Individual 11 was assaulted by his peers (Individual #1, Individual #12, and an individual who was discharged in 11/07) no less than 17 separate times. Examples included, but were not limited to, the following: - 9/15/07: A Team Meeting note showed Individual #11 had his eye scratched by Individual #1. - 9/27/07: A Team Meeting note showed Individual #11 was "assaulted by a peer (hit on top of head)." - 9/29/07: A Team Meeting note showed Individual #11 was "assaulted by a peer (pushed down)."	W 149		

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W 149	Continued From page 27 - 10/20/07: A Team Meeting note showed Individual #11 was hit on the right side of his face by an individual who was discharged in 11/07. - 10/02/07: A Team Meeting note showed Individual #11 was hit on the left side of his face by an individual who was discharged in 11/07. - 11/12/07: A Team Meeting note showed Individual #11 was hit on the right side of his face by Individual #1. - 12/22/07: A Team Meeting note showed Individual #11 was hit on the nose by Individual #12. - 1/4/08: A BRF stated Individual #11 was tackled, punched, and threatened by Individual #12. - 1/11/08: A Team Meeting note showed Individual #11 was "assaulted by peer twice once [sic] day once swing [sic] leaving small red mark on right side of face and chin." A BRF, dated 1/11/08, showed the second assault was a result of Individual #11 being kicked in the chin by Individual #1. - 2/7/08: A BRF showed Individual #11 was hit in the face by Individual #1. - 2/24/08: A BRF showed Individual #11 was punched in the head and threatened by Individual #12. When asked, the QMRP stated during an interview on 3/13/08 from 7:55 - 8:10 a.m., Individual #11 should have been moved 4 or 5 months ago. When asked, the Clinician stated	W 149		

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W 149	Continued From page 28 during an interview on 3/13/08 from 2:10 - 3:10 p.m., she was informed "just a couple of weeks ago" that Individual #11 was being targeted by his peers. When asked about behavior data, the Clinician stated she reviewed it "constantly." The Clinician stated they did not keep data on victims versus perpetrators. When asked why Individual #11 was not moved sooner, the Clinician stated she did not know it was an option. When asked what corrective steps were taken by the treatment team prior to Individual #11's move, the Clinician stated "nothing." In sum, Individual #11 was assaulted by his peers (Individual #1, Individual #12, and an individual who was discharged in 11/07) with whom he lived for a period of no less than six months with no corrective action taken by the facility prior to his move on 3/6/08. The facility failed to ensure sufficient interventions were implemented to protect Individual #11 from on-going physical assaults from his peers. 2. The facility's policy titled "Abuse Prevention" was dated 7/10/07. The policy stated "It is the policy at [the facility] to aggressively work toward reducing the possibility of any form of abuse or mistreatment to the individuals who reside here." The policy defined psychological abuse as "...humiliation, harassment, threats of punishment or deprivation of/to an individual." The policy listed examples of psychological abuse which included "Using derogatory terms to describe persons with disabilities...and Humiliating, ridiculing, threatening intimidating or making fun (verbal or gesture) of a client...and...Cursing or profane language directed at a client." Further, the policy defined neglect as "the deliberate	W 149		

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W 149	Continued From page 29 failure to provide goods and services necessary to avoid physical or psychological harm." The policy listed examples of neglect which included "Directing or permitting a client to humiliate, ridicule, threaten, intimidate or make fun of another individual...and...Directing or permitting a client to curse or use profane language or inappropriately scream or yell at another individual." A total of nine individuals lived on Aspen group 2, which included the following individuals: - Individual #2's 11/29/07 PCP stated he was a 30 year old male whose diagnoses included mild mental retardation, OCD, ADHD, Tourette's syndrome, and antisocial personality traits with a history of conduct disorder. - Individual #13 was a 41 year old male whose diagnoses included obsessive compulsive disorder (that led to anger outbursts), pedophilia, and mild mental retardation. - Individual #14 was a 37 year old male whose diagnoses included mild mental retardation, cerebral palsy, bipolar disorder, depression, obsessive compulsive disorder, and impulse control disorder. - Individual #15 was a 31 year old male whose diagnoses included schizophrenia, impulse control disorder NOS, and post traumatic stress disorder/borderline personality disorder. - Individual #16 was a 35 year old male whose diagnoses included mild mental retardation, impulse control disorder NOS with sexual inappropriateness and violence at times, and	W 149		

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W 149	Continued From page 30 substance abuse. - Individual #75 was a male whose diagnoses included mild mental retardation. - Individual #89 a male whose diagnoses included mild mental retardation. - Individual #90 a male whose diagnoses included mild mental retardation. During the survey, Individuals #13 - #16 requested to talk with the surveyors as follows: - On 3/3/08 at 11:00 a.m., Individual #15 requested a member of the survey team meet with him regarding Individual #2's maladaptive behavior. A surveyor met with him on 3/3/08 at 12:15 p.m., and he reported Individual #2 targeted Individual #13 by saying to him "dead mother." He also reported Individual #2 talked about Individual #16's dead father, and stated no one liked to be reminded of their parents passing away. He stated Individual #2 was verbally abusive to peers and staff at least 20 times a day. Individual #15 stated he had gone through the treatment team and the problem had not been resolved. He further stated "staff can not deal with [Individual #2] so they deal with us." He stated Individual #2 stole milk and food that other individuals had saved and nothing was done. He reported Individual #2 had been assaultive to Individual #87, and when Individual #15 went to the treatment team, the treatment team stated "they are dealing with it." He stated to avoid contact with Individual #2, his peers were staying in their bedrooms. He reported Individual #2 targeted Individual #13 and Individual #14. He stated the staff told the individuals to ignore	W 149		

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W 149	Continued From page 31 Individual #2 and walk away. - On 3/3/08 at 11:05 a.m., Individual #13 requested a member of the survey team meet with him to discuss a lack of response regarding grievances he had filed about Individual #2's maladaptive behavior. At 12:43 p.m., a surveyor met with him and he stated he wanted something done regarding Individual #2. He stated Individual #2's maladaptive behavior had been going on for 2 or 3 years and the team had done nothing. He stated the team had moved Individual #2 to the opposite side of the hall but it had not helped. He stated the Program Director had spoken to him regarding Individual #2's behaviors and referred him back to the QMRP. - On 3/3/08 at 1:00 p.m., a surveyor met with Individual #16. Individual #16 reported he had "problems" with Individual #2. He stated Individual #2 talked about Individual #16's father dying and made fun of it. Individual #16 stated it caused him to want to "rip his (Individual #2's) head off." Individual #16 reported he isolated in his room daily and sometimes he went to the other side of the unit to avoid Individual #2. Individual #16 stated he was on probation and if he had any assaults, he would go back to jail. - On 3/4/08, Individual #14 requested a member of the survey team meet with him on 3/5/08 regarding the maladaptive behavior of Individual #2. The surveyor met with him on 3/5/08 at 4:45 p.m. and he stated he had written a letter and requested the surveyor read the letter while he was present. The letter stated he and the other individuals in the living unit were being subjected to "repetitive, relentless, ongoing abuse" from Individual #2. The letter stated "We are called	W 149		

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W 149	Continued From page 32 'baby rapers' 'cho-mo' (child molester) 'breast grabber' 'retard' and comments of our mom's being f**ked by him." The letter stated Individual #2 stole individuals' personal food items and "He continually threaten [sic] us, threatens to hurt us, and even kill us." The letter stated "...running to our rooms is the only way to fine [sic] sanity, it is a problem." Individual #14 also stated that he could not keep food items as Individual #2 would steal and then eat or drink them. Individual #14 reported that he brought his rice cakes to the kitchen and left the area to get a sack for his lunch. Individual #14 reported that when he returned to the kitchen, Individual #2 had eaten his rice cakes. Additionally, an observation was conducted on 3/6/08 from 12:30 - 1:45 p.m. During that time, Individual #2 was noted to say one of his training programs was "bulls**t," and began screaming down the hallway for the QMRP. At 1:30 p.m., Individual #2 walked down the hallway toward the QMRP's office. Individual #89 who was present during the observation, stated Individual #2 continually called peers "baby rapers" and other names. Individual #89 reported grievances had been filed by peers on the living unit. At 1:40 p.m., Individual #2 came back to the unit and made repeated statements of "f**k it," statements he could not "stand this place," and that it was all "bulls**t." A review of complaints/grievances, filed by Individual #2's peers documented the following: - 12/9/07: Individual #14 wrote a memorandum to the treatment team requesting a two month break from Individual #2 due to Individual #2's verbally assaultive behavior.	W 149		

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W 149	Continued From page 33 - 12/14/07 - 2/18/08: Individual #13 filed 13 grievances regarding Individual #2's verbally assaultive behavior. - 12/14/07: Individual #15 filed a grievance regarding Individual #2's verbally assaultive behavior. - 12/14/07: Individual #16 filed a grievance which stated Individual #2 had "got to go on outing and everyone had to earn it." A document, dated 2/21/08, was attach to a grievance filed by Individual #13 on 2/3/08. The document stated the Social Worker and the QMRP met with Individual #13. The document stated the QMRP and the Social Worker recognized Individual #2 had been "extremely abusive to staff and peers" and they suggested that Individual #13 go to his room or go to the television room to avoid Individual #2. On 3/12/08 at 11:50 a.m., the QMRP was interviewed regarding the concerns the individuals had expressed about Individual #2's ongoing maladaptive behaviors as follows: - Regarding Individual #13: The QMRP stated Individual #2 seemed to target Individual #13 and most of Individual #13's maladaptive behaviors were in response to Individual #2. The QMRP stated Individual #13 would try to avoid Individual #2 by going to his room and listening to his stereo, and sometimes he would go to the kitchen. When asked about the treatment team's response, the QMRP stated they moved Individual #2 on 2/13/08 to the opposite side of the hall and they tried to get individuals off the	W 149		

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W 149	Continued From page 34 unit. - Regarding Individual #14: The QMRP stated Individual #2 seemed to "push his [Individual #14] buttons." The QMRP stated Individual #14 would often go to his room or outside when Individual #2 was in the area. The QMRP stated the only time Individual #14 required a physical restraint in the past three months was related to Individual #2's maladaptive behaviors. - Regarding Individual #15: The QMRP stated Individual #15 dealt with Individual #2 by going to his room or trying to be Individual #2's friend. The QMRP stated Individual #15 did not have any BRFs related to Individual #2, but Individual #15 went home frequently and "gets a break" from Individual #2. - Regarding Individual #16: The QMRP stated Individual #16 would stay away from Individual #2 and or go to his room to avoid Individual #2. When asked about Individual #16's written condition of probation if he (Individual #16) assaulted, the QMRP stated it did not include going to jail for assaults. Individual #2's BRF included tracking for Threat/Verbal Assaults, which was defined as "A verbal statement or gesture which a reasonable person would interpret as a threat. Examples include: I'm going to kill you, I'm going to cut out your eyes/eye, you better watch your back, making a gesture of slicing across the throat, any type of overt sexual threat." A review of Individual #2's behavior data summaries from 9/07 to 2/08 documented he engaged in threats/verbal assault at the following	W 149		

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W 149	Continued From page 35 monthly rates: 9/07: 4 10/07: 7 11/07: 1 12/07: 4 1/08: 6 2/08: 21 Individual #2's BRFs for 1/08 and 2/08 were reviewed. Examples of his threats/verbal assaults toward his peers included, but were not limited to, the following: - On 1/17/08 at 5:15 p.m., staff documented Individual #2 was telling peers to "suck my d**k" and telling peers he would "stab them with a fork." - On 2/2/08 at 3:40 p.m., staff documented Individual #2 threatened to break Individual #89's arm and neck, and called other peers on the living unit "retards" and "baby-rapers." - On 2/3/08 at 12:35 p.m., staff documented Individual #2 told Individual #16 he was going to put a gun to Individual #16's head and was going to pull the trigger. Individual #2 then told Individual #16 he grabbed Individual #16's mother's "ti**ies." - On 2/26/08 at 8:55 p.m., staff documented Individual #2 called Individual #13 a "baby raper" and said he would like to "cut up" Individual #13's deceased mother, and threatened to "kick his (Individual #13) a**." Individual #2's BRF also included tracking for Offensive Language, which was defined as "Swearing or outburst made in anger or with the	W 149		

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W 149	Continued From page 36 implied purpose to insult or irritate." A review of Individual #2's behavior data summaries from 9/07 to 2/08 documented he engaged in offensive language at the following monthly rates: 9/07: 12 10/07: 43 11/07: 12 12/07: 39 1/08: 23 2/08: 45 Individual #2's BRFs for 1/08 and 2/08 were reviewed. Examples of his offensive language toward his peers included, but were not limited to, the following: - On 1/1/08 at 5:50 p.m., staff documented Individual #2 called Individual #89 a "ni**er lover." - On 1/9/08 from 10:00 p.m. - 12:00 a.m., staff documented Individual #2 was repeatedly calling peers "baby rapers." - On 1/14/08 at 8:35 a.m., staff documented Individual #2 got mad and started "using offensive language toward peers and staff (f**k you black man)." - On 1/21/08 at 5:20 p.m., staff documented Individual #2 told Individual #14 to "get out of here, you little f**k." - On 1/26/08 at 3:05 p.m., staff documented Individual #2 called Individual #90 a "lying little retard (and) a f**king liar..."	W 149		

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W 149	Continued From page 37 - On 2/1/08 at 1:05 p.m., staff documented Individual #2 called Individual #13 a "4 eyed Retarded F**k [sic]," called Individual #15 a "Baby Raper," and called Individual #75 a "Fata**." - On 2/1/08 at 2:10 p.m., staff documented Individual #2 called a peer a "f**king retard." - On 2/1/08 at 4:12 p.m., staff documented Individual #2 called Individual #14 "a Cebreal Palsey [sic] F**k (and) a**hole." - On 2/2/08 at 11:05 a.m., staff documented Individual #2 called Individual #13 a "baby raper" and said he was glad Individual #13's mother was dead. - On 2/3/08 at 12:20, staff documented Individual #2 called Individual #89 a "baby rapper [sic]." Additionally, an observation was conducted on 3/10/08 from 4:45 - 5:30 p.m. During that time, Individual #2 was observed to be leaning on the desk in the main area of the unit. At 4:50 p.m., Individual #2 started screaming "I don't f**king care," "suck my left n*t," and "suck my penis" repeatedly. It was not clear if the statements were directed towards the four peers who were present or staff. Individual #2's Intervention Plan for maladaptive behaviors, dated 11/29/07, stated his challenging behaviors included offensive language (described on the BRF as swearing or insults). However, the plan did not include instructions to staff related to offensive language. Additionally, the plan stated his challenging behaviors included threats/verbal assaults (described on the BRF as "A verbal statement or gesture which a reasonable person	W 149		

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W 149	Continued From page 38 would interpret as a threat. Examples include: I'm going to kill you, I'm going to cut out your eyes/eye, you better watch your back, making a gesture of slicing across the throat, any type of overt sexual threat."). However, his Intervention Plan for maladaptive behavior did not include an objective or instructions to staff related to threats/verbal assaults. When asked during a telephone interview on 3/14/08 from 2:35 - 2:40 p.m., if there was an objective in place to address Individual #2's threats/verbal assaults, the QMRP stated there was not. The QMRP also stated instructions for threats/verbal assaults and offensive language were not included in Individual #2's Intervention Plan. The facility failed to ensure sufficient interventions were implemented in response to individuals' maladaptive behaviors and grievances filed by individuals regarding Individual #2's continued verbal abuse were sufficiently resolved. This resulted in individuals not being protected from physical abuse, psychological abuse, and neglect as defined by the facility's Abuse Prevention policy.	W 149		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observations, record review, and staff interviews it was determined the facility failed to ensure the QMRP provided sufficient integration,	W 159		

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W 159	Continued From page 39 monitoring, and coordination of the status of 16 of 18 individuals (Individuals #1 - #8 and #11 - #18) whose records were reviewed. That failure resulted in individuals not receiving the services and supports required to meet their needs. The findings include: 1. Refer to W122 - Condition of Participation for Client Protections and related standard level deficiencies as they relate to the facility's failure to ensure the QMRP assured parents/guardians were provided sufficient information related to behavior modifying drugs on which to base consent decisions, individuals' rights were protected and grievances were sufficiently resolved, the facility's policy and procedures to prevent abuse, neglect, and mistreatment were adequately implemented and monitored, and the use of video tape to assess an individual's maladaptive behavior was used only with the approval of the facility's Human Rights Committee and guardians' written informed consent. 2. Refer to W195 - Condition of Participation for Active Treatment Services and related standard level deficiencies as they relate to the facility's failure to ensure the QMRP assured individuals received a continuous active treatment program designed to meet their needs.	W 159		
W 195	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: Based on observations, record review, and staff interviews, it was determined the facility failed to	W 195		

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W 195	Continued From page 40 ensure active treatment services were provided to each individual residing in the facility. This resulted in a lack of involvement in activities which addressed individuals' priority needs and a lack of opportunities to practice new or existing skills. The findings include: 1. Refer to W196 as it relates to the facility's failure to ensure individuals were provided with a continuous active treatment program. 2. Refer to W227 as it relates to the facility's failure to ensure each individual's PCP included objectives to meet their needs. 3. Refer to W234 as it relates to the facility's failure to ensure written training programs contained accurate and clear directions to staff on how to implement the programs. 4. Refer to W249 as it relates to the facility's failure to ensure individuals received training and services consistent with their PCPs. 5. Refer to W252 as it relates to the facility's failure to ensure staff recorded data in the form and frequency specified in the program plan.	W 195		
W 196	483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and	W 196		

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W 196	Continued From page 41 (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observations, record review, and staff interviews it was determined the facility failed to ensure individuals received formal and informal training and opportunities consistent with their developmental needs for 5 of 11 individuals (Individuals #4 - #7 and #18) whose active treatment programs and program data were reviewed. That failure resulted in individuals not receiving training and services necessary to promote independence and maximize their developmental potential. The findings include: 1. Individual #4's PCP, dated 9/19/07, documented a 58 year old male diagnosed with severe mental retardation secondary to PKU, organic mood disorder, and organic anxiety disorder. a. An observation was conducted on 3/3/08 from 10:55 a.m. - 12:15 p.m. (1 hour 20 minutes). During that time, Individual #4 was not observed to participate in skill-building or meaningful activity as follows: 10:55 - 11:22 a.m.: Individual #4 drank chocolate milk at the dining room table. 11:22 - 11:25 a.m.: A staff wiped Individual #4's hands and face with a wet cloth. The staff person stated it was Individual #4's desensitization program. 11:25 a.m. - 12:15 p.m.: Individual #4 sat at the dining room table.	W 196		

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W 196	Continued From page 42 With the exception of having his hands and face wiped by staff (3 minutes), Individual #4 was not engaged during the 1 hour 20 minute observation. b. An observation was conducted on 3/4/08 from 10:40 - 11:30 a.m. (50 minutes). During that time, Individual #4 was not observed to participate in skill-building or meaningful activity as follows: 10:40 - 11:20 a.m.: Individual #4 drank milk at the dining room table. 11:20 - 11:25 a.m.: Individual #4 walked, with a staff, towards the television area and then back to the dining room table. 11:25 - 11:30 a.m.: Individual #4 sat at the table. With the exception of walking (5 minutes), Individual #4 was not engaged during the 50 minute observation. c. An observation was conducted on 3/6/08 from 12:30 - 1:20 p.m. (50 minutes). During that time, Individual #4 was not observed to participate in skill-building or meaningful activity as follows: 12:30 - 12:50 p.m.: Individual #4 ate lunch. Periodically, he was verbally prompted to eat slowly. 12:50 - 1:10 p.m.: Individual #4 left the dining area and sat on the floor in the hallway between the dining area and the television area. 1:10 - 1:20 p.m.: Individual #4 walked around the area with a staff person.	W 196		

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W 196	Continued From page 43 With the exception of eating, Individual #4 walked with staff for 10 minutes during the 50 minute observation. d. An observation was conducted on 3/6/08 from 6:03 - 6:25 p.m. (22 minutes). During that time, Individual #4 was not observed to participate in skill-building or meaningful activity as follows: 6:03 - 6:15 p.m.: Individual #4 sat in a chair in the television area. The television was noted to be on. 6:15 - 6:20 p.m.: Individual #4 attempted to stand up and a staff verbally prompted him to sit back down. Individual #4 proceeded to stand and walk to the day area and sat on the floor. 6:20 - 6:25 p.m.: Individual #4 was verbally prompted and then physically assisted to stand. Staff offered him juice to which he did not respond. Individual #4 was not noted to be engaged during the 22 minute observation. Individual #4 was observed to be engaged in meaningful, skill building activity for only 35 minutes during the cumulative 3 hours and 42 minutes of observation conducted between 3/3/08 - 3/6/08. When asked, the QMRP stated during an interview on 3/13/08 from 11:00 a.m. - 12:15 p.m., staff were to implement Individual #4's active treatment schedule and training programs as written and that Individual #4 did not have a current desensitization program. 2. Individual #5's PCP, dated 11/5/07,	W 196		

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W 196	Continued From page 44 documented a 45 year old male diagnosed with profound mental retardation, intermittent explosive disorder, and impulse control disorder NOS. a. An observation was conducted on 3/3/08 from 12:40 - 1:47 p.m. (1 hour 7 minutes). During that time, Individual #5 was not observed to participate in skill-building or meaningful activity as follows: 12:40 - 12:45 p.m.: Individual #5 placed large Legos in a bin. 12:45 - 12:58 p.m.: Individual #5 sat at the dining table. 12:58 - 1:00 p.m.: A staff assisted Individual #5 to cut his sandwich into bite-sized pieces. 1:00 - 1:05 p.m.: Individual #5 ate his lunch. Periodically, he was verbally prompted to chew his food before taking the next bite. 1:05 - 1:10 p.m.: Individual #5 bused his plate to the sink with verbal prompts from staff to do so. 1:10 - 1:45 p.m.: Individual #5 poured two bins of Legos on a table and then put the Legos together. 1:45 - 1:47 p.m.: Individual #5 put 3 plastic tokens in a foam peg board. With the exception of eating, Individual #5 was assisted to cut his sandwich (2 minutes), bused his plate (5 minutes), and put tokens in a peg board (2 minutes) related to his money management program during the 1 hour 7 minute observation.	W 196		

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W 196	Continued From page 45 b. An observation was conducted on 3/3/08 from 5:30 - 6:23 p.m. (53 minutes). During that time, Individual #5 was not observed to participate in skill-building or meaningful activity as follows: 5:30 - 5:49 p.m.: Individual #5 was seated in front of the television. He appeared to be watching it. 5:49 - 6:10 p.m.: Individual #5 obtained 2 bins of Legos, poured them on the dining table, and put the Legos together. 6:10 - 6:23 p.m.: Individual #5 placed the Legos back in the 2 bins, took the bins to an activity table, poured them out on the table, and resumed putting them together. Individual #5 put Legos together without staff interaction for 34 of the 53 minute observation. c. An observation was conducted on 3/4/08 from 5:09 - 6:00 p.m. (51 minutes). During that time, Individual #5 was not observed to participate in skill-building or meaningful activity as follows: 5:09 - 5:15 p.m.: Individual #5 stood and attempted to hit a staff with his hand. He was verbally and physically redirected back to the dining table where he sat down. 5:15 - 5:24 p.m.: Individual #5 ate dinner with periodic verbal prompts to chew and eat more slowly. When Individual #5 finished eating, he obtained 2 bins of Legos and attempted to pour them on to the dining table. He was redirected to put the Legos together on a nearby activity table. 5:24 - 5:31 p.m.: Individual #5 wiped his area of	W 196		

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W 196	Continued From page 46 the dining table with verbal, gestural, and physical prompts from staff. 5:31 - 5:35 p.m.: Individual #5 traded in his plastic tokens for an edible reinforcement (chocolate Mentos) which he ate immediately. 5:35 - 5:45 p.m.: Individual #5 sat in front of the television. The sound of the television had been muted. 5:45 - 6:00 p.m.: Individual #5 sat at the dining table, drinking a soda which was given to him by a staff person. With the exception of eating and drinking soda, Individual #5 wiped his place setting (6 minutes) and traded in tokens (4 minutes) during the 51 minute observation. d. An observation was conducted on 3/6/08 from 3:17 - 3:57 p.m. (40 minutes). During that time, Individual #5 was not observed to participate in skill-building or meaningful activity as follows: 3:17 - 3:22 p.m.: Individual #5 was in the medication room. 3:22 - 3:47 p.m.: Individual #5 exchanged his plastic tokens for an edible reinforcement (chocolate Mentos), ate the Mentos, then went to the activity table and began to put Legos together. 3:47 - 3:57 p.m.: Individual #5 sat at the dining table and ate a snack. With the exception of being in the medication room, Individual #5 traded in tokens (4 minutes) and ate a snack (10 minutes) during the 40	W 196		

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W 196	Continued From page 47 minute observation. Individual #5 was observed to be engaged in meaningful, skill building activity for only 33 minutes during the cumulative 3 hours and 33 minutes of observation conducted between 3/3/08 - 3/6/08. When asked, the QMRP stated during an interview on 3/13/08 from 3:10 - 4:05 p.m., staff were to implement Individual #5's active treatment schedule and training programs as written. 3. Individual #6's PCP, dated 5/15/07 and revised 2/26/08, documented a 19 year old male diagnosed with moderate mental retardation, autism, fetal alcohol syndrome, pervasive developmental disorder, impulse control disorder, social anxiety disorder, and OCD. He was admitted to the facility on 4/19/07. a. During an observation on 3/6/08 from 9:50 - 10:35 a.m., Individual #6 was in his bedroom. It was noted that he periodically watched television. During the observation, a direct care staff asked Individual #6 if he was going to work. Individual #6 did not respond. b. During an observation on 3/6/08 from 3:15 - 4:05 p.m., Individual #6 was in his bedroom and periodically shook the headboard of his bed. When asked, Individual #6 said he was straightening his room. At 4:00 p.m., he took two steps out of his bedroom, looked around the area, and then walked back in his bedroom. c. During an observation on 3/6/08 from 6:45 - 7:40 p.m., Individual #6 stood at the front desk wearing a set of headphones. He went to his bedroom. Four local policemen were noted to be	W 196		

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W 196	Continued From page 48 on the unit. Individual #6 asked the surveyor why the police were there and then stated he was scared. He went in his bedroom and was noted to periodically stand in his doorway and peer down the hallway towards the policemen. Individual #6 was in his bedroom when the observation ended. d. During an observation on 3/7/08 from 9:23 - 10:05 a.m., Individual #6 was in his bedroom. At 9:37 a.m., he came out of his bedroom and walked to the kitchen. From 9:38 to 9:55 a.m., he made two glasses of flavored water at the dining table. From 9:55 - 10:05 a.m., he wiped his area of the dining table. When asked during an interview on 3/13/08 from 8:30 - 9:50 a.m., the QMRP stated they were addressing Individual #6's participation in active treatment services in a formal program titled "Participate in Activities." Individual #6's QMRP Tracking Form For Objectives, dated 5/07 - 1/08, showed the criteria for the "Participate in Activities" program was set at 50% for 3 consecutive months. His QMRP Tracking Form For Objectives showed the following monthly percentages: 5/07: 10% 6/07: 26% 7/07: 31% 8/07: 17% 9/07: 22% 10/07: 41% 11/07: 23% 12/07: 26% 1/08: 25% Individual #6 failed to progress on his "Participate	W 196		

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W 196	Continued From page 49 in Activities" program for no less than 7 months. When asked, the QMRP stated during the above noted interview, the program had not been revised. When asked about additional steps taken to address Individual #6's lack of participation, the QMRP stated they had a positive reinforcement program in place which was titled "Reinforce Positive Behavior." Individual #6's QMRP Tracking Form For Objectives, dated 5/07 - 1/08, showed the criteria for the "Reinforce Positive Behavior" program was set at 80% for 3 consecutive months. His QMRP Tracking Form For Objectives showed the following status of the program: 5/07: "no data" 6/07: "added 6/21/07" 7/07: "no data" 8/07: "no data" 9/07: "no data" 10/07: "no data" 11/07: "no data" 12/07: "no data" 1/08: 0% When asked, the QMRP stated during the above noted interview, staff had been trained but were not consistently encouraging Individual #6's participation in his active treatment. The facility failed to ensure active treatment services were aggressively pursed for Individual #4, Individual #5, and Individual #6. 4. Refer to W249 as it relates to the facility's failure to ensure individuals received training and services consistent with their PCPs.	W 196		

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W 196	Continued From page 50 5. Refer to W252 as it relates to the facility's failure to ensure staff recorded data in the form and frequency specified in individuals' programs.	W 196		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure the PCP included objectives to meet needs for 2 of 12 individuals (Individuals #2 and #7) whose objectives were reviewed. This resulted in a lack of program plans designed to address the needs of individuals in areas most likely to impact their and others' lives. The findings include: 1. Individual #2's 11/29/07 PCP stated he was a 30 year old male whose diagnoses included mild mental retardation, OCD, ADHD, Tourette's syndrome, and antisocial personality traits with a history of conduct disorder. The behavior section of his CFA, signed 11/30/07, stated he engaged in hoarding objects (food). a. Individual #2's BRF included tracking for Obsessing on Food, which was defined as "taking food, not recalling that he has just ingested food or drink, demanding more food from staff after ingesting food or drink, constantly concerned about his food intake and next opportunity for food intake."	W 227		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	03/17/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	1660 ELEVENTH AVE NORTH NAMPA, ID 83687

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 227	Continued From page 51 A review of Individual #2's behavior data summaries from 9/07 to 2/08 documented he engaged in "obses [obsessing] on food or phone" at the following monthly rates: 9/07: no data was present 10/07: 68 11/07: 51 12/07: 29 1/08: 21 2/08: 13 Individual #2's BRFs for 1/08 and 2/08 were reviewed. Examples of his obsessing on food included, but were not limited to, the following: - On 1/7/08 at 7:05 a.m., staff documented Individual #2 "stole peers milk." - On 1/9/08 at 7:45 a.m., staff documented Individual #2 "stole peers breakfast food." - On 1/12/08 at 9:40 a.m., staff documented Individual #2 "was stealing food off his peers and eating it..." - On 1/13/08 at 5:00 p.m., staff documented Individual #2 "took 3 [sic] persons portion [sic] of Baked Beans." - On 1/15/08 at 4:40 p.m., staff documented Individual #2 "took extra milk..." - On 2/10/08 at 8:10 a.m., staff documented Individual #2 took Individual #14's milk and drank it. - On 2/10/08 at 11:11 a.m., staff documented Individual #2 took Individual #16's apple juice.	W 227		

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W 227	Continued From page 52 When staff stated it was Individual #16's, Individual #2 put the apple juice back in the refrigerator, took Individual #14's milk from the refrigerator and took it to his room. - On 2/17/08 at 12:00 p.m., staff documented Individual #2 "ate his share of food. Went back in kitchen and got more." Staff documented they told Individual #2 it was his peers' food. Additionally, two individuals expressed concerns to a surveyor, on 3/3/08 and 3/5/08, regarding Individual #2 stealing their food. However, Individual #2's PCP did not include an objective for his maladaptive food related behaviors as identified on his CFA. b. Individual #2's BRF included tracking for Threat/Verbal Assaults, which was defined as "A verbal statement or gesture which a reasonable person would interpret as a threat. Examples include: I'm going to kill you, I'm going to cut out your eyes/eye, you better watch your back, making a gesture of slicing across the throat, any type of overt sexual threat." A review of Individual #2's behavior data summaries from 9/07 to 2/08 documented he engage in threats/verbal assault at the following monthly rates: 9/07: 4 10/07: 7 11/07: 1 12/07: 4 1/08: 6 2/08: 21 Individual #2's BRFs for 1/08 and 2/08 were	W 227		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 227	Continued From page 53 reviewed. Examples of his threats/verbal assaults included, but were not limited to, the following: - On 1/4/08 at 9:35 p.m., staff documented Individual #2 was talking to staff about kicking "people in the ba** [sic] sucking ba**s and cutting ba**s off." - On 1/7/08 at 12:05 p.m., staff documented Individual #2 stated he was going to "kick my (staff) a**." - On 1/14/08 at 8:40 a.m., staff documented Individual #2 was threatening staff "I'll catch on the streets, I'm gonna [sic] kick your a**. I'm gonna [sic] kill you, I'm gonna [sic] stab you." - On 1/17/08 at 5:15 p.m., staff documented Individual #2 was telling peers to "suck my d**k" and telling peers he would "stab them with a fork." - On 1/25/08 at 10:10 p.m., staff documented Individual #2 threatened "to shut my mouth for me." - On 1/25/08 at 10:40 p.m., staff documented Individual #2 threatened staff stating he would "Rip off your head (and) s**t down your neck." - On 2/1/08 at 1:54 p.m., staff documented Individual #2 threatened to cut staff's throat. - On 2/2/08 at 8:20 a.m., staff documented Individual #2 told staff to stop looking at him or he was going to punch staff in the face. - On 2/2/08 at 3:40 p.m., staff documented Individual #2 threatened to break Individual #89's	W 227		

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W 227	Continued From page 54 arm and neck, and called other peers on the living unit "retards" and "baby-rapers." - On 2/2/08 from 10:30 - 11:30 p.m., staff documented Individual #2 threatened to "cut staff's t**s off." - On 2/3/08 at 12:20 p.m., staff documented Individual #2 threatened staff stating "I'll cut your thoat [sic]..." - On 2/3/08 at 12:35 p.m., staff documented Individual #2 told Individual #16 he was going to put a gun to Individual #16's head and was going to pull the trigger. Individual #2 then told Individual #16 he grabbed Individual #16's mother's "ti**ies." - On 2/26/08 at 8:55 p.m., staff documented Individual #2 called Individual #13 a "baby raper" and said he would like to "cut up" Individual #13's deceased mother, and threatened to "kick his (Individual #13) a**." Additionally, a review of complaints/grievances, filed by Individual #2's peers documented the following: - 12/9/07: Individual #14 wrote a memorandum to the treatment team requesting a two month break from Individual #2 due to Individual #2's verbally assaultive behavior. - 12/14/07 - 2/18/08: Individual #13 filed 13 grievances regarding Individual #2's verbally assaultive behavior. - 12/14/07: Individual #15 filed a grievance regarding Individual #2's verbally assaultive	W 227		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 227	Continued From page 55 behavior. - 12/14/07: Individual #16 filed a grievance which stated Individual #2 had "got to go on outing and everyone had to earn it." A document, dated 2/21/08, was attach to a grievance filed by Individual #13 on 2/3/08. The document stated the Social Worker and the QMRP met with Individual #13. The document stated the QMRP and the Social Worker recognized Individual #2 had been "extremely abusive to staff and peers" and they suggested that Individual #13 go to his room or go to the television room to avoid Individual #2. When asked during a telephone interview on 3/14/08 from 2:35 - 2:40 p.m., if there was an objective in place to address Individual #2's threats/verbal assaults, the QMRP stated there was not. The facility failed to ensure Individual #2's Intervention Plan included objectives for food stealing and threats/verbal assaults, which resulted in other individuals residing on the unit being subjected to Individual #2's ongoing maladaptive behaviors. 2. Individual #7's 12/5/07 PCP stated he was a 40 year old male diagnosed with severe mental retardation, bipolar disorder, and intermittent explosive disorder. During a dinner observation on 3/4/08 at 5:25 p.m., Individual #7 was noted to use his hands to eat his vegetables, macaroni and cheese, and jello no less than 7 times. At that time, direct care staff were asked if Individual #7 had a program to	W 227		

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W 227	Continued From page 56 eat with his utensils. They stated his dining program was to carry his plate to the sink. The staff then prompted him to eat his food with his spoon, which he did. Individual #7's CFA, dated 12/5/07, included an Activities of Daily Living section. In the "Self - Feeding" section related to using utensils, "eats with a spoon" and "eats with a fork" were marked "yes." However, the comments section stated "he sometimes needed [sic] reminders to use utensils." Individual #7's Nutritional Assessment, dated 10/18/07, stated in the "Evaluation and Recommendations" section he had a preference to eat with his fingers but could be easily redirected to use his utensils with a verbal cue. His PCP, dated 12/5/07, included an objective for mealtime skills to take his dish to the sink with a verbal cue after he finished his meal. However, the PCP did not include an objective related to utensil use. When asked, the QMRP stated during an interview on 3/13/08 from 10:10 - 10:55 a.m., Individual #7 did not have an objective for using utensils and it would be a higher priority than carrying his plate to the sink. The facility failed to ensure Individual #7's PCP included an objective related to utensil use.	W 227		
W 234	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used.	W 234		

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W 234	Continued From page 57 This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure clear direction to staff was provided in each written training program for 3 of 12 individuals (Individuals #1 - 3) whose records were reviewed. This resulted in a lack of sufficient instructions to staff being included in the individuals' programs. The findings include: 1. Individual #2's 11/29/07 PCP stated he was a 30 year old male whose diagnoses included mild mental retardation, OCD, ADHD, Tourette's syndrome, and antisocial personality traits with a history of conduct disorder. a. Individual #2's BRF included tracking for Obsessing on Food, which was defined as "taking food, not recalling that he has just ingested food or drink, demanding more food from staff after ingesting food or drink, constantly concerned about his food intake and next opportunity for food intake." A review of Individual #2's behavior data summaries from 9/07 to 2/08 documented he engaged in "obses [obsessing] on food or phone" at the following monthly rates: 9/07: no data was present 10/07: 68 11/07: 51 12/07: 29 1/08: 21 2/08: 13 Individual #2's BRFs for 1/08 and 2/08 were reviewed. Examples of his obsessing on food included, but were not limited to, the following:	W 234		

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W 234	Continued From page 58 - On 1/7/08 at 7:05 a.m., staff documented Individual #2 "stole peers milk." - On 1/9/08 at 7:45 a.m., staff documented Individual #2 "stole peers breakfast food." - On 1/12/08 at 9:40 a.m., staff documented Individual #2 "was stealing food off his peers [sic] and eating it..." - On 1/13/08 at 5:00 p.m., staff documented Individual #2 "took 3 [sic] persons portion [sic] of Baked Beans." - On 1/15/08 at 4:40 p.m., staff documented Individual #2 "took extra milk..." - On 2/10/08 at 8:10 a.m., staff documented Individual #2 took Individual #14's milk and drank it. - On 2/10/08 at 11:11 a.m., staff documented Individual #2 took Individual #16's apple juice. When staff stated the apple juice was Individual #16's, Individual #2 put the it back in the refrigerator, took Individual #14's milk from the refrigerator and took it to his room. - On 2/17/08 at 12:00 p.m., staff documented Individual #2 "ate his share of food. Went back in kitchen and got more." Staff documented they told Individual #2 it was his peers' food. Although the facility was tracking Individual #2's Obsessing on Food, his Intervention Plan for maladaptive behaviors did not include instructions to staff related to Obsessing on Food.	W 234		

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W 234	Continued From page 59 b. Individual #2's BRF included tracking for Offensive Language, which was defined as "Swearing or outburst made in anger or with the implied purpose to insult or irritate." A review of Individual #2's behavior data summaries from 9/07 to 2/08 documented he engage in offensive language at the following monthly rates: 9/07: 12 10/07: 43 11/07: 12 12/07: 39 1/08: 23 2/08: 45 Individual #2's BRFs for 1/08 and 2/08 were reviewed. Examples of his offensive language included, but were not limited to, the following: - On 1/1/08 at 5:50 p.m., staff documented Individual #2 called Individual #89 a "ni**er lover." - On 1/9/08 from 10:00 p.m. - 12:00 a.m., staff documented Individual #2 was repeatedly calling peers "baby rapers." - On 1/14/08 at 8:35 a.m., staff documented Individual #2 got mad and started "using offensive language toward peers and staff (f**k you black man)." - On 1/21/08 at 5:20 p.m., staff documented Individual #2 told Individual #14 to "get out of here, you little f**k." - On 1/26/08 at 3:05 p.m., staff documented Individual #2 called Individual #90 a "lying little	W 234		

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W 234	Continued From page 60 retard (and) a f**king liar..." - On 2/1/08 at 1:05 p.m., staff documented Individual #2 called Individual #13 a "4 eyed Retarded F**k [sic]," called Individual #15 a "Baby Raper," and called Individual #75 a "Fata**." - On 2/1/08 at 2:10 p.m., staff documented Individual #2 called a peer a "f**king retard." - On 2/1/08 at 4:12 p.m., staff documented Individual #2 called Individual #14 "a Cebreal Palsey [sic] F**k (and) a**hole." - On 2/2/08 at 11:05 a.m., staff documented Individual #2 called Individual #13 a "baby raper" and said he was glad Individual #13's mother was dead. - On 2/3/08 at 12:20, staff documented Individual #2 called Individual #89 a "baby rapper [sic]." An observation was conducted on 3/6/08 from 12:30 - 1:45 p.m. During that time, Individual #2 was noted to say one of his training programs was "bulls**t," and began screaming down the hallway for the QMRP. At 1:30 p.m., Individual #2 walked down the hallway toward the QMRP's office. Individual #89 who was present during the observation, stated Individual #2 continually called peers "baby rapers" and other names. Individual #89 reported grievances had been filed by peers on the living unit. At 1:40 p.m., Individual #2 came back to the unit and made repeated statements of "f**k it," statements he could not "stand this place," and that it was all "bulls**t." An observation was conducted on 3/10/08 from	W 234		

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W 234	Continued From page 61 4:45 - 5:30 p.m. During that time, Individual #2 was observed to be leaning on the desk in the main area of the unit. At 4:50 p.m., Individual #2 started screaming "I don't f**king care," "suck my left n*t," and "suck my penis" repeatedly. It was not clear if the statements were directed towards the four peers who were present or staff. Individual #2's Intervention Plan for maladaptive behaviors, dated 11/29/07, stated his challenging behaviors included offensive language (described on the BRF as swearing or insults). However, the plan did not include instructions to staff related to offensive language. c. Individual #2's BRF included tracking for Threat/Verbal Assaults, which was defined as "A verbal statement or gesture which a reasonable person would interpret as a threat. Examples include: I'm going to kill you, I'm going to cut out your eyes/eye, you better watch your back, making a gesture of slicing across the throat, any type of overt sexual threat." A review of Individual #2's behavior data summaries from 9/07 to 2/08 documented he engage in threats/verbal assault at the following monthly rates: 9/07: 4 10/07: 7 11/07: 1 12/07: 4 1/08: 6 2/08: 21 Individual #2's BRFs for 1/08 and 2/08 were reviewed. Examples of his threats/verbal assaults included, but were not limited to, the	W 234		

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W 234	Continued From page 62 following: - On 1/4/08 at 9:35 p.m., staff documented Individual #2 was talking to staff about kicking "people in the ba** [sic] sucking ba**s and cutting ba**s off." - On 1/7/08 at 12:05 p.m., staff documented Individual #2 stated he was going to "kick my (staff) a**." - On 1/14/08 at 8:40 a.m., staff documented Individual #2 was threatening staff "I'll catch on the streets, I'm gonna [sic] kick your a**. I'm gonna [sic] kill you, I'm gonna [sic] stab you." - On 1/17/08 at 5:15 p.m., staff documented Individual #2 was telling peers to "suck my d**k" and telling peers he would "stab them with a fork." - On 1/25/08 at 10:10 p.m., staff documented Individual #2 threatened "to shut my mouth for me." - On 1/25/08 at 10:40 p.m., staff documented Individual #2 threatened staff stating he would "Rip off your head (and) s**t down your neck." - On 2/1/08 at 1:54 p.m., staff documented Individual #2 threatened to cut staff's throat. - On 2/2/08 at 8:20 a.m., staff documented Individual #2 told staff to stop looking at him or he was going to punch staff in the face. - On 2/2/08 at 3:40 p.m., staff documented Individual #2 threatened to break Individual #89's arm and neck, and called other peers on the living unit "retards" and "baby-rapers."	W 234		

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W 234	Continued From page 63 - On 2/2/08 from 10:30 - 11:30 p.m., staff documented Individual #2 threatened to "cut staff's t**s off." - On 2/3/08 at 12:20 p.m., staff documented Individual #2 threatened staff stating "I'll cut your thoat [sic]..." - On 2/3/08 at 12:35 p.m., staff documented Individual #2 told Individual #16 he was going to put a gun to Individual #16's head and was going to pull the trigger. Individual #2 then told Individual #16 he grabbed Individual #16's mother's "ti**ies." - On 2/26/08 at 8:55 p.m., staff documented Individual #2 called Individual #13 a "baby raper" and said he would like to "cut up" Individual #13's deceased mother, and threatened to "kick his (Individual #13) a**." Additionally, a review of complaints/grievances, filed by Individual #2's peers documented the following: - 12/9/07: Individual #14 wrote a memorandum to the treatment team requesting a two month break from Individual #2 due to Individual #2's verbally assaultive behavior. - 12/14/07 - 2/18/08: Individual #13 filed 13 grievances regarding Individual #2's verbally assaultive behavior. - 12/14/07: Individual #15 filed a grievance regarding Individual #2's verbally assaultive behavior.	W 234		

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W 234	Continued From page 64 - 12/14/07: Individual #16 filed a grievance which stated Individual #2 had "got to go on outing and everyone had to earn it." Individual #2's Intervention Plan for maladaptive behaviors, dated 11/29/07, stated his challenging behaviors included threats/verbal assaults (described on the BRF as "A verbal statement or gesture which a reasonable person would interpret as a threat. Examples include: I'm going to kill you, I'm going to cut out your eyes/eye, you better watch your back, making a gesture of slicing across the throat, any type of overt sexual threat."). However, his Intervention Plan for maladaptive behavior did not include instructions to staff related to threats/verbal assaults. When asked during a telephone interview on 3/14/08 from 2:35 - 2:40 p.m., the QMRP stated instructions for threats/verbal assaults and offensive language were not included in Individual #2's Intervention Plan. The facility failed to ensure Individual #2's Intervention Plan included instructions to staff on how to intervene when Individual #2 engaged in obsessing on food, offensive language, and threats/verbal assaults. 2. Individual #3's 11/13/07 PCP stated he was an 18 year old male whose diagnoses included mild mental retardation, bipolar disorder hypomania with psychotic features, ADHD, and PTSD. His Intervention Plan for physical assaults, dated 11/13/07, included instructions to staff which stated they were to "call a red alert to ensure enough people are available to assist, if necessary" as the first step when Individual #3	W 234		

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W 234	Continued From page 65 physically assaulted a peer or staff. During an observation on 3/6/08 at 5:30 p.m., Individual #3 was noted to be in a sitting restraint with three staff. At 5:35 p.m., a staff member involved in the restraint used a two-way radio to call a red alert, at which point 5 additional staff came to assist. When asked during an interview on 3/13/08 at 2:25 p.m., a staff involved in the restraint on 3/6/08 stated it was not really possible to call a red alert when Individual #3 was assaultive and at the same time, maintain the safety of other individuals. The staff stated the first priority was to protect other individuals and Individual #3's Intervention Plan did not make sense as written. The facility failed to ensure Individual #3's Intervention Plan for physical assaults included instructions to staff on how to call for assistance while at the same time, maintaining the safety of other individuals. 3. Individual #1's PCP, dated 7/25/07, stated he was a 15 year old male diagnosed with mild mental retardation, oppositional defiant disorder, bipolar disorder NOS with psychosis, Asperger's disorder, and pervasive developmental disorder. Individual #1's Intervention Plan, dated 10/2/07, stated in the "Stage Three - Crisis for Targeted Behaviors" section, that "One staff should be able to restrain [Individual #1]." During an observation on 3/4/08 from 3:55 - 4:02 p.m., Individual #1 was noted to be in a prone restraint, with 2 staff restraining him. One staff was noted to be on her side and leaning across	W 234		

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W 234	Continued From page 66 the back of Individual #1's thighs, holding each of his ankles with her (staff's) hands. The second staff was noted to be on the opposite side of the first staff, and leaning across Individual #1's lower back and holding each of his (Individual #1's) wrists. During an interview on 3/7/08 at 7:25 a.m., one of the staff who restrained Individual #1 on 3/4/08, stated when Individual #1 was restrained, he almost always required 2 staff. When asked, Individual #1's guardian stated during an interview on 3/14/08 at 2:45 p.m., Individual #1 required 2 people to restrain him. The facility failed to ensure Individual #1's Intervention Plan reflected an accurate number of staff required to perform restraints.	W 234		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure individuals received needed interventions and services in sufficient number and frequency to support the achievement of objectives identified in their PCPs for 3 of 11 individuals (Individuals #4, #5, and #7) whose active	W 249		

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W 249	Continued From page 67 treatment programs were reviewed. This resulted in a lack of involvement in activities that addressed their priority needs and a lack of opportunities to practice new or existing skills. The findings include: 1. Individual #4's PCP, dated 9/19/07, documented a 58 year old male diagnosed with severe mental retardation secondary to PKU, organic mood disorder, and organic anxiety disorder. a. Individual #4's "Use Napkin" program, revised 9/19/07, stated staff were to hand Individual #4 his napkin and with light physical assistance, Individual #4 was to wipe his mouth and chin. An observation was conducted on 3/3/08 from 10:55 a.m. - 12:15 p.m. At 11:22 a.m., Individual #4 took his cup to the sink and a staff proceeded to wipe Individual #4's hands and mouth with a wet cloth. Individual #4's "Use Napkin" program was not observed to be implemented. At the time of the observation staff stated that wiping Individual #4's mouth with a wet cloth was a desensitization program. However, Individual #4's 9/19/07 PCP did not include a desensitization program for wiping Individual #4's mouth with a wet cloth. When asked, the QMRP stated during an interview on 3/13/08 from 11:00 a.m. - 12:15 p.m., that Individual #4 did not have a current desensitization program. An observation was conducted on 3/4/08 from 10:40 - 11:30 a.m. From 10:40 - 11:20 a.m., Individual #4 drank milk at the dining room table. Staff were not noted to hand Individual #4 his	W 249		

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W 249	Continued From page 68 napkin and assist Individual #4 to wipe his mouth and chin. An observation was conducted on 3/6/08 from 12:30 - 1:20 p.m. From 12:30 - 12:50 p.m., Individual #4 ate lunch. Periodically, he was verbally prompted to eat slowly. Staff were not noted to hand Individual #4 his napkin and assist Individual #4 to wipe his mouth and chin. Individual #4's "Use Napkin" program was not noted to have been implemented as opportunities presented themselves during the above mentioned observations. b. Individual #4's "Improve Hand Washing Skills" program, revised 9/19/07, stated staff were to put a towel in Individual #4's hands and guide his hands toward each other. During an observation on 3/3/08 from 10:55 a.m. - 12:15 p.m., Individual #4 drank chocolate milk at the dining room table, staff wiped Individual #4's hands and face with a wet cloth, and Individual #4 sat at the dining room table. Individual #4's "Improve Hand Washing Skills" program was not noted to have been implemented. An observation was conducted on 3/6/08 from 12:30 - 1:20 p.m. At 12:50 p.m., Individual #4 finished eating lunch and left the dining area. Individual #4's "Improve Hand Washing Skills" program was not noted to have been implemented by staff when the opportunity presented itself after dining. Staff were not noted to hand Individual #4 his napkin and assist Individual #4 to wipe his mouth and chin. Individual #4 was not observed to put his clothing protector in hamper eating his lunch.	W 249		

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W 249	Continued From page 69 Additionally, Individual #4's PCP, dated 9/19/07, stated Individual #4 had additional mealtime needs ("Priority B" needs) that were to be incorporated as much as possible during mealtimes, which included wiping his face with a napkin, putting clothing protector in hamper after meals, dishing out food items, and participating all aspects of clean-up. Staff were not noted to address Individual #4's "Priority B" mealtime needs during the above referenced meal observations. c. Individual #4's "Increase Expressive Communication" program, revised 2/8/08, stated staff were to present Individual #4 with an adapted CD player (with an adapted switch) and point to the switch that activated the CD player. Individual #4 was observed during a cumulative 3 hours and 42 minutes between 3/3/08 - 3/6/08. His "Increase Expressive Communication" program was not observed to be implemented during any of the observations as opportunities presented themselves. For example, an observation was conducted on 3/6/08 from 6:03 - 6:25 p.m. During that time, Individual #4 was noted to sit in a chair in the television area for 12 minutes and then sit on the floor for 10 minutes. An observation was conducted on 3/6/08 from 6:03 - 6:25 p.m. During that time, Individual #4 was noted to sit in a chair in the television area for 12 minutes and then sit on the floor for 10 minutes. Individual #4's "Increase Expressive Communication" program was not noted to have been implemented as opportunities presented themselves. When asked, the QMRP stated during an	W 249		

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W 249	Continued From page 70 interview on 3/13/08 from 11:00 a.m. - 12:15 p.m., staff were to implement Individual #4's Active Treatment Schedule and training programs as written. The facility failed to ensure Individual #4 received needed interventions and services in sufficient number and frequency to support the achievement of objectives identified in his PCP, which resulted in a lack of opportunities to practice new or existing skills in order to maximize his developmental potential. 2. Individual #5's PCP, dated 11/5/07, documented a 45 year old male diagnosed with profound mental retardation, intermittent explosive disorder, and impulse control disorder NOS. a. Individual #5's "Eating Safely" program, dated 11/8/07, stated staff were to use a verbal cue and prompt Individual #5 to put down his eating utensil. Additionally, Individual #5's PCP also contained "Priority B" needs which were to be performed as much as possible during regular daily activities. These "Priority B" needs included appropriately portioning food at meal times and snacks, using a toaster, appropriately approaching staff to make requests, and naming a few selected environmental concepts/objects. An observation was conducted on 3/3/08 from 12:40 - 1:47 p.m. At 1:00 p.m., Individual #5 ate his lunch with a fork without putting his fork down between bites. Staff were not noted to use a verbal cue and prompt Individual #5 to put down his fork. Individual #5's "Eating Safely" program was not implemented as written. Additionally, Individual #5's "Priority B" needs, such as	W 249		

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W 249	Continued From page 71 appropriately portioning food at meal times and snacks and naming a few selected environmental concepts/objects were not noted to be implemented as opportunities presented during the observation above. An observation was conducted on 3/4/08 from 5:09 - 6:00 p.m. From 5:15 - 5:24 p.m., Individual #5 ate dinner with a fork without putting his fork down between bites. Staff were not noted to use a verbal cue and prompt Individual #5 to put down his fork. Individual #5's "Eating Safely" program was not implemented as written. Individual #5's "Priority B" needs, such as appropriately portioning food at meal times and snacks and naming a few selected environmental concepts/objects were not noted to be implemented during the observation above. After dinner Individual #5 sat in front of the television from 5:35 - 5:45 p.m. From 5:45 - 6:00 p.m., Individual #5 sat at the dining table, drinking a soda which was given to him by a staff person. It was not noted that staff attempted to engage Individual #5 in his "Priority B" needs, such as taking turns with others or changing tasks when requested. Additionally, no other formal programs were noted to have been implemented as opportunities arose. b. Individual #5's "Consistent Signed 'Yes'" program, dated 11/8/07, stated staff were to use a full physical prompt to assist Individual #5 to sign 'yes' or 'no' in response to a question. Individual #5's PCP also contained "Priority B" needs such as; to appropriately approach staff to make requests, naming a few selected environmental concepts/objects, changing to other familiar tasks when requested, turn taking, and to participate in a variety of leisure and	W 249		

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W 249	Continued From page 72 recreational activities to develop new interests and skills. An observation was conducted on 3/3/08 from 5:30 - 6:23 p.m. (53 minutes). From 5:30 - 5:49 p.m., Individual #5 was seated in front of the television. He appeared to be watching it. From 5:49 - 6:10 p.m., Individual #5 obtained 2 bins of Legos, poured them on the dining table, and put the Legos together. From 6:10 - 6:23 p.m., Individual #5 placed the Legos back in the 2 bins, took the bins to an activity table, poured them out on the table, and resumed putting them together. Staff was not observed to engage Individual #5 in any "Priority B" needs such as; to appropriately approach staff to make requests, naming a few selected environmental concepts/objects, changing to other familiar tasks when requested, turn taking, and to participate in a variety of leisure and recreational activities to develop new interests and skills. Individual #5's "Consistent Signed 'Yes'" program was not observed to be implemented during the observation above. c. Individual #5's "Increase Participation in Physical Activity" program, dated 10/24/07, stated staff were to offer him a choice of 2 physical activities that he could participate in. An observation was conducted on 3/6/08 from 3:17 - 3:57 p.m. From 3:17 - 3:22 p.m., Individual #5 was in the medication room. From 3:22 - 3:47 p.m., Individual #5 exchanged his plastic tokens for an edible reinforcement (chocolate Mentos), ate the Mentos, then went to the activity table and began to put Legos together. From 3:47 - 3:57 p.m., Individual #5 sat at the dining table and ate a snack. Individual #5's "Increase Participation in	W 249		

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W 249	Continued From page 73 Physical Activity" program was not observed to be implemented during any of the above observations. Staff was not observed to engage Individual #5 in any "Priority B" needs such as; to appropriately approach staff to make requests, naming a few selected environmental concepts/objects, changing to other familiar tasks when requested, turn taking, and to participate in a variety of leisure and recreational activities to develop new interests and skills. Individual #5's "Consistent Signed 'Yes'" program was not observed to be implemented during the observation above. d. Individual #5's PCP stated staff were to provide him informal training (priority B needs) to address washing his hands and face, taking turns with others, and naming items in his environment using sign language. Individual #5 was observed during a cumulative 3 hours and 33 minutes between 3/3/08 - 3/6/08. Informal training opportunities were not observed to be addressed during any of those observations. When asked, the QMRP stated during an interview on 3/13/08 from 3:10 - 4:05 p.m., staff were to implement Individual #5's active treatment schedule and training programs as written. The facility ensure Individual #5's received needed interventions and services in sufficient number and frequency to support the achievement of objectives identified in his PCP, which resulted in a lack of opportunities to practice new or existing skills in order to maximize his developmental potential.	W 249		

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W 249	Continued From page 74 3. Individual #7's 12/5/07 PCP stated he was a 40 year old male diagnosed with severe mental retardation, bipolar disorder, and intermittent explosive disorder. Individual #7's PCP included an "Increase Communication" program which stated staff were to engage him in a simple interactive game such as Connect Four. The objective stated he would "accept staff prompts to take game turns for 30 seconds..." The program stated it was to be implemented daily when it was appropriate for him to participate in a table game. The instructions stated staff were to take a turn and then offer Individual #7 a game piece to drop into the slot. During an observation on 3/4/08 at 7:25 a.m., Individual #7 was observed to take the Connect Four game to the table and put all of the game pieces in the slots. Staff were not noted to take turns with him. Individual #7 left the area and went to his room. When he returned at 7:50 a.m., he was noted to put the game pieces in the slots without staff taking turns with him. During an observation on 3/4/08 at 10:40 a.m., Individual #7 was noted to put the game pieces in the slots of a Connect Four game. Staff were not noted to take turns with him. At 10:50 a.m., Individual #7 stood by the table and put the game pieces in the slots and staff were not noted to take turns with him. Individual #7 left the area and returned to the table and put the Connect Four game pieces in the slots. Staff were not noted to take turns with him. At 11:10 a.m., a staff was noted to give him an edible reinforcer for putting all of the Connect Four game pieces in	W 249		

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W 249	Continued From page 75 the slots. Individual #4 walked away from the table and returned at 11:20 a.m., at which time he dumped the game pieces on the table, and proceeded to put them in the slots of the Connect Four game. Staff were not noted to take turns with him. The facility failed to ensure Individual #7's communication program was implemented when it was appropriate to participate in the Connect Four game.	W 249		
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure data was collected in the frequency specified for 2 of 12 individuals (Individuals #6 and #18) whose program data were reviewed. Failure to document data consistently and accurately impeded the ability of the IDT to evaluate the effectiveness of programmatic techniques. The findings include: 1. Individual #6's PCP, dated 5/15/07 and revised 2/26/08, documented a 19 year old male diagnosed with moderate mental retardation, autism, fetal alcohol syndrome, pervasive developmental disorder, impulse control disorder, social anxiety disorder, and OCD. He was admitted to the facility on 4/19/07.	W 252		

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W 252	Continued From page 76 Observations were conducted on 3/6/08 from 9:50 - 10:35 a.m., 3/6/08 from 3:15 - 4:05 p.m., 3/6/08 from 6:45 - 7:40 p.m., and 3/7/08 from 9:23 - 10:05 a.m. During that time, Individual #6 was noted to spend 17 minutes making 2 glasses of flavored water and the remaining time he was noted to be in his bedroom. When asked during an interview on 3/13/08 from 8:30 - 9:50 a.m., the QMRP stated they were addressing Individual #6's participation in active treatment services in a formal program titled "Participate in Activities." When asked about additional steps taken to address Individual #6's lack of participation, the QMRP stated they had a positive reinforcement program in place which was titled "Reinforce Positive Behavior." Individual #6's QMRP Tracking Form For Objectives, dated 5/07 - 1/08, showed the criteria for the "Reinforce Positive Behavior" program was set at 80% for 3 consecutive months. His QMRP Tracking Form For Objectives showed the following status of the program: 5/07: "no data" 6/07: "added 6/21/07" 7/07: "no data" 8/07: "no data" 9/07: "no data" 10/07: "no data" 11/07: "no data" 12/07: "no data" 1/08: 0% When asked, the QMRP stated during the above noted interview, staff were running the "Reinforce Positive Behavior" program but were not documenting it and staff were re-trained to collect data.	W 252		

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W 252	Continued From page 77 2. Individual #18's "Enhanced Supervision Observation Sheet" stated staff were to document his active treatment every 15 minutes, which started at 10:00 a.m. and ended at 10:25 p.m. During an interview on 3/12/08 12:00 - 12:15 p.m., the Clinician stated Individual #18's Enhanced Supervision Observation Sheets should match up with his Active Treatment Schedule and if Individual #18 refused an activity, it should be documented on his Enhanced Supervision Observation Sheet. Individual #18's Enhanced Supervision Observation Sheets were reviewed from 1/08 - 3/10/08 and compared to his Active Treatment Schedule which was dated 1/10/08. His Enhanced Supervision Observation Sheets lacked documentation related to activities that were offered and activities that were refused by Individual #18. Examples included, but were not limited to, the following: Individual #18's Enhanced Supervision Observation Sheet, dated 1/18/08, documented the following activities: 10:00 - 10:30 a.m.: "watching cops" 10:30 - 10:45 a.m.: "walked to white hall" 10:45 - 11:00 a.m.: "getting pop in vending" 11:00 a.m. - 12:00 p.m.: "watching movie" 12:00 - 12:30 p.m.: "eating lunch" 12:30 - 12:45 p.m.: "hanging" 12:45 - 1:00 p.m.: "watching t.v." 1:00 - 1:45 p.m.: "group" 1:45 - 2:00 p.m.: "watching t.v." Individual #18's Enhanced Supervision Observation Sheet, dated 2/25/08, documented the following activities:	W 252		

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W 252	Continued From page 78 10:00 - 10:05 a.m.: "making cards in room" 10:05 - 10:15 a.m.: "eating snack" 10:15 - 10:30 a.m.: "watching cartoons" 10:30 - 10:45 a.m.: "walk down hallway" 10:45 - 11:45 a.m.: "watching t.v." 11:45 a.m. - 12:00 p.m.: "playing ball" 12:00 - 12:15 p.m.: "visiting staff" 12:15 - 12:30 p.m.: "watching cops" 12:30 - 12:45 p.m.: "eating lunch" 12:45 - 1:45 p.m.: "watching t.v." 1:45 - 2:00 p.m.: "playing ball with staff" 2:00 - 2:15 p.m.: "waiting for swing staff" Individual #18's Enhanced Supervision Observation Sheet, dated 3/10/08, documented the following activities: 10:00 - 10:30 a.m.: "watching t.v." 10:30 - 11:55 a.m.: "van ride, listening to music" 11:55 a.m. - 12:20 p.m.: "watching t.v. in room" 12:20 - 1:00 p.m.: "eating lunch" 1:00 - 2:00 p.m.: "calming in room" However, Individual #18's Active Treatment Schedule, dated 1/10/08, showed the following programs and activities that were to occur during the same time frames as noted above: 10:00 a.m. - 2:00 p.m.: Training programs including combine signs to form clear sentences and express complete thoughts, improve expression and understanding of emotions, fold and hang laundry, improve coordination skills, and make purchase using the dollar more rule. Informal training included loading the washer and adding the correct amount of detergent, using socially appropriate table manners, adjusting water temperature, cutting with scissors, safely riding a bike, identifying coins and currency, carrying money on his person, presenting money	W 252		

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W 252	Continued From page 79 to a clerk, maintaining appropriate social distances, and demonstrating appropriate social boundaries. Activities included recreation, leisure, room cleaning, meal set-up, lunch, and lunch clean-up. The facility failed to ensure data was collected in the form and frequency specified in Individual #6 and Individual #18's programs.	W 252		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the use of video tape to assess maladaptive behavior was used only with the approval of the facility's Human Rights Committee for 2 of 11 individuals (Individuals #3 and #17) whose consents were reviewed. This resulted in a violation of individuals' rights. The findings include: 1. Individual #3's 11/13/07 PCP stated he was an 18 year old male whose diagnoses included mild mental retardation, bipolar disorder hypomania with psychotic features, ADHD, and PTSD. a. A Neuropsychology Consultation note, dated 12/5/07, stated "I reviewed a DVD of his (Individual #3) behavioral patterns on the unit." Additionally, a Psychiatric Clinic note, dated 12/14/07, stated "I viewed a taping of one of his	W 262		

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W 262	Continued From page 80 (Individual #3) episodes of escalating..." When asked during an interview on 3/13/08 from 10:10 a.m. - 12:05 p.m., the QMRP and Clinician both stated a video tape had been made to show the severity of Individual #3's maladaptive behavior to the Psychiatrist and the Psychologist. When asked if approval to video tape Individual #3 had been obtained from the HRC, the QMRP and Clinician both stated it had not. The facility failed to ensure HRC approval was obtained prior to taping Individual #3's maladaptive behavior. Additionally, when asked during the same interview if any other individuals had been captured on the video tape, the QMRP stated yes, Individual #3 assaulted Individual #17 while the tape was being made. When asked if approval to video tape Individual #17 had been obtained from the HRC, the QMRP and Clinician both stated it had not. The facility failed to ensure HRC approval was obtained prior to including Individual #17 on the video tape. b. Individual #3's Medication Management Plan, dated 11/13/07, stated he received Topamax (an anticonvulsant drug), Lithium (a central nervous system drug), Seroquel (an antipsychotic drug), and Prazosin (an antihypertensive drug). Attached to the Medication Management Plan was a Behavior Support Plan Overview and Consent. Under the "New restrictive components" section, it stated "HIS up to two person sit, routine psychoactive medications."	W 262		

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W 262	Continued From page 81 Under the "Risk of proposed treatment" section, it stated "Side effects to medications are also a risk of the proposed treatment. Please review the information attached to this document regarding medication and restraints." A "Written Informed Consent" was attached and signed by Individual #3 and an HRC representative which was dated 12/7/07. However, there was no information attached to the document regarding medications or restraints. When asked, the Clinician stated during an interview on 3/13/08 from 10:10 a.m. - 12:05 p.m., medication and restraint information had not been attached to the consent. Additionally, during the same interview noted above, the Clinician provided a "Temporary Informed Consent," dated 1/18/08, which included the same medications as noted above and the addition of a chemical restraint, Thorazine (an antipsychotic drug). The "Possible Risks or Complications of the Procedure" section of the Temporary Consent listed several possible side effects of the above noted medications which included hand tremors, nausea/vomiting, diarrhea, confusion, kidney stones, memory problems, tardive dyskinesia (involuntary muscle movements) and Neuroleptic Malignant Syndrome (described as a potentially very dangerous side effect of antipsychotic medications). However, the Temporary Consent did not specify which side effects were tied to which medications or the class of each medication (e.g., antipsychotic, anticonvulsant, antihypertensive). When asked during the same interview as noted above, if specific information related to the use of	W 262		

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W 262	Continued From page 82 Thorazine had been provided to the facility's HRC, the Clinician stated it had not. The facility failed to ensure the HRC was provided with sufficient information on which to base consent decisions related to Individual #3's behavior modifying drugs and physical restraints.	W 262		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the use of video tape to assess maladaptive behavior was used only with the guardians' written informed consent for 2 of 11 individuals (Individuals #3 and #17) whose consents were reviewed. This resulted in a violation of individuals' rights. The findings include: 1. Individual #3's 11/13/07 PCP stated he was an 18 year old male whose diagnoses included mild mental retardation, bipolar disorder hypomania with psychotic features, ADHD, and PTSD. A Neuropsychology Consultation note, dated 12/5/07, stated "I reviewed a DVD of his (Individual #3) behavioral patterns on the unit." Additionally, a Psychiatric Clinic note, dated 12/14/07, stated "I viewed a taping of one of his (Individual #3) episodes of escalating..." When asked during an interview on 3/13/08 from	W 263		

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W 263	Continued From page 83 10:10 a.m. - 12:05 p.m., the QMRP and Clinician both stated a video tape had been made to show the severity of Individual #3's maladaptive behavior to the Psychiatrist and the Psychologist. When asked if consent to video tape Individual #3 had been obtained from Individual #3 (who was his own guardian), the QMRP and Clinician both stated it had not. Additionally, the Clinician stated Individual #3 told staff "you can't do this" regarding the video taping. The facility failed to ensure written informed consent was obtained from Individual #3 prior to taping his maladaptive behavior. Additionally, when asked during the same interview if any other individuals had been captured on the video tape, the QMRP stated yes, Individual #3 assaulted Individual #17 while the tape was being made. When asked if consent to video tape Individual #17 had been obtained from Individual #17's guardian, the QMRP and Clinician both stated it had not. The facility failed to ensure the guardians' written informed consent was obtained prior to including Individual #17 on the video tape.	W 263		
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it	W 312		

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W 312	Continued From page 84 was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individuals' PCPs that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed for 6 of 10 individuals (Individuals #2 - #6 and #8) reviewed, who received behavior modifying drugs. This resulted in individuals receiving behavior modifying drugs without plans that identified drug usage and how they may change in relation to progress or regression. The findings include: 1. Individual #2's 11/29/07 PCP stated he was a 30 year old male whose diagnoses included mild mental retardation, OCD, ADHD, Tourette's syndrome, and antisocial personality traits with a history of conduct disorder. His Medication Management Plan, dated 11/29/07, stated he received Haldol (an antipsychotic drug) 27.5 mg daily, Anafranil (an antidepressant drug) 50 mg daily, and Luvox (a central nervous system drug) 100 mg daily for major mood disorder with psychosis. The plan also stated Anafranil and Luvox were used for OCD, and Lexapro (an antidepressant drug) would be used for OCD once consent was available. Individual #2's Physician's Orders, dated 1/18/08, stated "when consent is available, start Lexapro 10 mg qD X (daily for) 7 days then 20 mg qD (daily)" and "when Lexapro starts, d/c (discontinue) Luvox." His Nursing Review, dated 2/6/08, stated Lexapro was started 1/26/08. Individual #2's Physician's Orders, dated 2/4/08, stated "(increase) lexapro [sic] 30 mg po (by mouth) daily." His Physician's Orders, dated 2/8/08, stated "(decrease) Clomipramine (Anafranil) to 25 mg qHS X (each evening for) 7	W 312		

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W 312	Continued From page 85 days then d/c (discontinue)." When asked during an interview with the QMRP, Clinician, and RN on 3/13/08 from 9:15 - 9:40 a.m., the RN stated Individual #2's current medications were Lexapro and Haldol, and that Anafranil and Luvox had been discontinued. The Clinician stated the Medication Management Plan needed to be updated. The facility failed to ensure Individual #2's Medication Management Plan was revised. 2. Individual #3's 11/13/07 PCP stated he was an 18 year old male whose diagnoses included mild mental retardation, bipolar disorder hypomania with psychotic symptoms, ADHD, and PTSD. a. Individual #3's Medication Management Plan, dated 11/13/07, stated he received Topamax (an anticonvulsant drug) 75 mg per day for Bipolar/Hypomania, Bipolar/Depression, PTSD, and Intermittent Explosive Disorder. The plan described the criteria for reduction of Topamax differently for each diagnoses as follows: - For Bipolar/Hypomania, defined as including "distinct periods of persistently elevated and/or irritated mood, shouting/yelling at others, non-stop talking, rapid shifts in topic of conversation, distractibility, aggression and impulsivity (DOP, Assault), and trouble sleeping," the plan stated Topamax would be considered for reduction "If YMRS (Young Mania Rating Scale) lower than 5 per month for six consecutive months or physical assaults zero each month for six consecutive months or DOP zero each month for six consecutive months."	W 312		

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W 312	Continued From page 86 - For Bipolar/Depression, defined as including "increased anhedonia (a psychological condition characterized by inability to experience pleasure in normally pleasurable acts), sleeping more, irritability, negative thinking, increased agitation, and poor hygiene," the plan stated Topamax would be considered for reduction "If DOCL (Depression Observation Checklist) score lower than 5 per month for six consecutive months or zero suicide threats per month for six consecutive months." - For PTSD, defined as including "increased startle response, nightmares, anxiety (pacing, sweating, rapid hear rate), avoidance, and outbursts of anger," the plan stated Topamax would be considered for reduction "If self-report of nightmares are zero per month for six consecutive months or an average less than 10 per month on the PTSD symptoms observations." - For Intermittent Explosive Disorder, defined as being at risk for "mood problems that impacts his ability to control his temper and resist aggressive impulses," the plan stated Topamax would be considered for reduction "If physical assaults less than 5 each month for six consecutive months or DOP less than 5 each month for six consecutive months." In total, Individual #3 received Topamax which was tied to a total of 9 different reduction criteria. However, Individual #3's Medication Management Plan in did not specify which criteria would need to be met, or if criteria from each diagnoses needed to be met, prior to a reduction being considered. b. Individual #3's Medication Management Plan,	W 312		

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W 312	Continued From page 87 dated 11/13/07, stated he received Lithium (a central nervous system drug) 600 mg a day, and Seroquel (an antipsychotic drug) 500 mg a day, for Bipolar/Hypomania and Bipolar/Depression. The plan described the criteria for reduction of Lithium and Seroquel differently for each diagnoses as follows: - For Bipolar/Hypomania, defined as including "distinct periods of persistently elevated and/or irritated mood, shouting/yelling at others, non-stop talking, rapid shifts in topic of conversation, distractibility, aggression and impulsivity (DOP, Assault), and trouble sleeping," the plan stated Lithium and Seroquel would be considered for reduction "If YMRS (Young Mania Rating Scale) lower than 5 per month for six consecutive months or physical assaults zero each month for six consecutive months or DOP zero each month for six consecutive months." - For Bipolar/Depression, defined as including "increased anhedonia (a psychological condition characterized by inability to experience pleasure in normally pleasurable acts), sleeping more, irritability, negative thinking, increased agitation, and poor hygiene," the plan stated Lithium and Seroquel would be considered for reduction "If DOCL (Depression Observation Checklist) score lower than 5 per month for six consecutive months or zero suicide threats per month for six consecutive months." However, Individual #3's Medication Management Plan did not specify which medication would be reduced first or second. Additionally, the plan did not specify which criteria would need to be met, or if criteria from each diagnoses needed to be met, prior to a reduction being considered.	W 312		

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W 312	Continued From page 88 c. Individual #3's Nursing Notes from 10/15/07 through 3/10/08 were reviewed. Individual #3 received Thorazine (an antipsychotic drug) as a PRN chemical restraint for maladaptive behavior at the following rates: 12/07: 8 times 1/08: 10 times 2/08: 2 times However, Individual #3's Medication Management Plan did not include information regarding Thorazine. When asked during an interview on 3/13/08 from 10:10 a.m. - 12:05 p.m., the QMRP and Clinician both stated the plan for the PRN use of Thorazine was in precess, but was not yet in place. Additionally, the QMRP and Clinician both stated the order for reduction of Individual #3's medications was not indicated in the plan. The QMRP and Clinician both stated the criteria for reduction should be different for each medication. The facility failed to ensure Individual #3's Medication Management Plan included specific information related to the drug usage and how it may change in relation to progress or regression. 3. Individual #6's PCP, dated 5/15/07 and revised 2/26/08, documented a 19 year old male diagnosed with moderate mental retardation, autism, fetal alcohol syndrome, pervasive developmental disorder, impulse control disorder, social anxiety disorder, and OCD. Individual #6's MAR, dated 1/25/08, documented he received, on a daily basis, Thorazine (an	W 312		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	Continued From page 89 antipsychotic drug) 75 mg, Depakote ER (an anticonvulsant drug) 1500 mg, Lithium (an anti-manic drug) 1200 mg, Risperdal (an antipsychotic drug) 3 mg, Abilify (an antipsychotic drug) 15 mg, and Lexapro (an antidepressant drug) 20 mg. a. Individual #6's Medication Management Plan, dated 10/19/07, stated Lexapro was related to his social anxiety disorder which presented itself as "fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation, phobic situation is avoided or endured with intense anxiety or distress, avoidance, anxious anticipation, or distress in the feared situation(s), interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia. These symptoms will be measured by the Anxiety Observation Checklist (AOC)." However, Individual #6's Medication Management Plan showed the criteria to decrease Lexapro was "0 physical assaults for six consecutive months and/or Anxiety Observation Checklist greater than 15" and the criteria to increase Lexapro stated "Physical assaults greater than 10 in one month DOP greater than 5 in one month and/or Anxiety Observation Checklist greater than 15 [sic]." Individual #6's Medication Management Plan for Lexapro was not specifically related to the identified symptoms of his social anxiety disorder. Further, it would not be possible to increase and decrease Lexapro simultaneously if the Anxiety Observation Checklist was "greater than 15."	W 312		

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W 312	Continued From page 90 b. Individual #6's Medication Management Plan, dated 10/19/07, stated Thorazine 75 mg, Depakote ER 1500 mg, Lithium 1200 mg, Risperdal 3 mg, and Abilify 15 mg were related to his impulse control disorder which presented itself as "failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others; example - serious physical assaults, destruction of property, irritability, and/or increased energy." However, Individual #6's Medication Management Plan did not include which medication would be reduced first, second, third, etc. and the criteria to decrease each drug (Thorazine, Depakote ER, Lithium, Risperdal, and Abilify) was identical: "0 physical assaults for six consecutive months and/or 0 DOP for six consecutive months." Further, the criteria to increase each drug was identical: "Physical assaults greater than 10 in one month and/or DOP greater than 5 in one month." c. Individual #6's Medication Management Plan, dated 10/19/07, documented Xanax (an anti-anxiety drug) was a "Proposed" drug for his anxiety disorder. However, Xanax was discontinued on 8/7/07. Individual #6's Medication Management Plan for Xanax had not been updated. When asked, the QMRP stated during an interview on 3/13/08 from 8:30 - 9:50 a.m., she was not sure how "and/or" criteria was evaluated, setting behavioral criteria to 0 incidents before decreasing drugs was not realistic, she was not sure which drug was to be reduced first, second, third, etc., the criteria to increase and decrease each drug needed to be revised, and Xanax	W 312		

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W 312	Continued From page 91 needed to be deleted from the plan. 4. Individual #8's PCP, dated 10/2/07, documented a 17 year old female diagnosed with mild mental retardation, bipolar disorder, and probable PTSD. Individual #8's MAR, dated 2/08, documented she received, on a daily basis, Lunesta (a hypnotic drug) 3 mg and Melatonin (an herbal supplement) 3 mg. Individual #8's Medication Management Plan, dated 2/15/08, stated Lunesta and Melatonin were related to her bipolar disorder (hypomania) which presented itself, in part, in disrupted sleep. Individual #8's Medication Management Plan did not identify which drug would be reduced first and the criteria to decrease both drugs was identical: "If average sleep is greater than 9 hours per 24 hours for 1 month..." Individual #8's Medication Management Plan did not identify which drug would be reduced first. When asked, the QMRP stated during an interview on 3/12/08 from 10:45 a.m. - 12:00 p.m., Melatonin would be reduced first but the Medication Management Plan was not clear. 5. Individual #4's PCP, dated 9/19/07, documented a 58 year old male diagnosed with severe mental retardation secondary to PKU, organic mood disorder, and organic anxiety disorder. Individual #4's Medication Intervention Plan, dated 7/20/07, documented that he received, on a daily basis, Risperdal (an antipsychotic drug) 3 mg, Abilify (an antipsychotic drug) 5 mg, and	W 312		

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W 312	Continued From page 92 Depakote (an anticonvulsant drug) 750 mg which were related to his organic mood disorder which presented itself, in part, as assaultive behavior, agitation, and displaying emotional distress. Individual #4's Medication Intervention Plan did not identify which of the 3 behavior modifying drugs would be reduced first, second, and third and the criteria to decrease each drug was identical: "Consider a decrease if [Individual #4] has zero assaults for 6 consecutive months or is agitated and displaying emotional distress w/ (with) a duration less than 5 minutes for 5 days during each shift, or if he has 0 meal refusals for 3 months or if [Individual #4] has zero incidents of masturbation for 6 months." The criteria to decrease Depakote included "or if blood levels are higher than 125 ug/ml." Further, Individual #4's Medication Intervention Plan to increase each drug did not include which medication would be increased first, second, and third. The criteria to increase each drug was also identical: "If [Individual #4] has more than 2 assaults for one month or agitated and displaying emotional distress w/ (with) a duration more than 60 minutes for 5 days during each shift, or if he refuses to eat of drink 2 or more times per shift for 2 days or increased frequency of masturbation over his clothing outside of his room greater than 3 times a day and duration of masturbation more than 1 hour per day for 3 months." The criteria to increase Depakote included "or if blood levels are lower than 80 - 120 ug/ml." Additionally, Individual #4's Medication Intervention Plan identified Depakote as a "Proposed Medication."	W 312		

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W 312	Continued From page 93 When asked, the QMRP stated during an interview on 3/13/08 from 11:00 a.m. - 12:15 p.m., it was not a facility practice to update medication plans when medications were no longer "proposed." The QMRP stated he identified Individual #4's Medication Intervention Plan did not include which drug would be reduced first, second, and third and the criteria to increase and decrease were identical for each drug. The QMRP stated he was in process of revising the plan. 6. Individual #5's PCP, dated 11/5/07, documented a 45 year old male diagnosed with profound mental retardation, intermittent explosive disorder, and impulse control disorder NOS. a. Individual #5's Medication Management Plan, dated 11/5/07, documented he received, on a daily basis, Tegretol (an anticonvulsant drug) 400 mg , Risperdal (an antipsychotic drug) 6 mg, and Seroquel (a antipsychotic drug) 800 mg to manage symptoms of intermittent explosive disorder. Individual #5's Medication Management Plan did not identify which of the 3 drugs would be reduced first, second, and third and the criteria to decrease each drug was identical: "...will be considered for reduction if assaults are less than 10 for 6 consecutive months." b. Individual #5's Medication Management Plan, dated 11/5/07, documented he also received, on a daily basis, Paxil (an antidepressant drug) 30 mg, to manage symptoms of impulse control disorder which was characterized by assaults.	W 312		

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W 312	Continued From page 94 The Medication Management Plan for Paxil contained identical criteria for increasing and decreasing the above noted drugs (Tegretol, Risperdal, and Seroquel). The Plan did not specify which of the 4 drugs would be considered for reduction first, second, third, or fourth. When asked, the QMRP stated during an interview on 3/13/08 from 3:10 - 4:05 p.m., Individual #5's Medication Management Plan did not include which drug would be reduced first, second, third, and fourth, and the criteria to increase and decrease were identical for each drug. The QMRP stated she was in process of revising the plan. The facility failed to ensure Individuals #2 - #6 and Individual #8s' Medication Management Plans were adequately developed to address the use of behavior modifying drugs.	W 312		

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MM164	16.03.11.075.04 Development of Plan of Care To Participate in the Development of Plan of Care. The resident must have the opportunity to participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment. This Rule is not met as evidenced by: Refer to W124.	MM164		
MM167	16.03.11.075.07 Exercise of Rights Exercise of Rights. Each resident admitted to the facility must be encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end can voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal. This Rule is not met as evidenced by: Refer to W125.	MM167		
MM177	16.03.11.075.09 Protection from Abuse and Restraint Protection from Abuse and Unwarranted Restraints. Each resident admitted to the facility must be protected from mental and physical abuse, and free from chemical and physical	MM177		

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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MM177	Continued From page 1 restraints except when authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to himself or to others (See also Subsection 075.10). This Rule is not met as evidenced by: Refer to W122 and W149.	MM177		
MM194	16.03.11.075.10(a) Approval of Human Rights Committee Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262.	MM194		
MM196	16.03.11.075.10(c) Consent of Parent or Guardian Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263.	MM196		
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.	MM197		
MM212	16.03.11.075.17(a) Maximize Developmental Potential The treatment, services, and habilitation for each	MM212		

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MM212	Continued From page 2 resident must be designed to maximize the developmental potential of the resident and must be provided in the setting that is least restrictive of the resident's personal liberties; and This Rule is not met as evidenced by: Refer to W195, W196, W249, and W252.	MM212		
MM269	16.03.11.100.04 Insect and Rodent Control Insect and Rodent Control. The facility must be maintained free from insects, rodents and other pests. Chemicals (pesticides) used in the control program must be selected, used, and stored in the following manner: This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure all areas were free from insects for 17 of 17 individuals (Individuals #4, #7, and #51 - #65) who resided on the Pine unit. The findings include: During an environmental observation on 3/13/08 from 11:00 - 11:55 a.m. on the Pine unit, it was noted there were ants by the window bench across from Room #112. There were also ants noted to be in Individual #54's room. The facility failed to ensure the Pine unit was free from insects.	MM269		
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable	MM380		

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MM380	Continued From page 3 precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the buildings and all equipment were in good repair and kept clean and sanitary for 92 of 92 individuals (Individuals #1 - #92) residing in the facility. The findings include: 1. An environmental survey was conducted on the Pine unit on 3/13/08 from 11:00 - 11:55 a.m. and the following concerns were noted: Television Room: - There was a 1/2 inch by 1/4 inch area in the flooring that was chipped. Living Room: - The small couch had a stained area approximately 12 inches by 8 inches. Individual #4's Bathroom: - His grooming kit contained a hairbrush laying on top of his toothbrush. Kitchen: - The white microwave had dried food on the inside. 2. An environmental survey was conducted on the Evergreen unit on 3/13/08 from 2:15 - 3:00 p.m. and the following concerns were noted: Kitchen: - The microwave had dried food on the inside. - There was dried food on a plate in the cupboard. 3. An environmental survey was conducted on	MM380		

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MM380	Continued From page 4 the Spruce unit on 3/11/08 from 9:45 - 10:25 a.m. and the following concerns were noted: Break Room: - The white plastic rolling cart was missing its bottom two drawers. Individual #11's Bedroom: - There was a large pile of clothes on the bottom of the wardrobe. - The clothes dresser was missing a drawer. - There was no curtain on the right side of the window. - There were toys and broken pieces of a plastic hanger on the floor. - A large laundry bin contained toys as well as shoes, magazines, and un-paired socks. - There was a large clothes basket which was heaped with dirty clothes. Individual #11's Bathroom: - There was urine in the toilet. - There were food spills in the tub. Individual #11's Washroom: - There were used paper towels, a glass of soda, a bottle of flavored water, and an open tube of toothpaste laying on the countertop. - There were used paper towels, bits of paper, gum wrappers, a pair of cowboy boots, and a turned-over laundry basket on the floor. Individual #46's Bedroom: - There were clothes, bits of paper, toys, books, batteries, and movies on the floor. Individual #46's Bathroom: - There were wet washcloths, bits of paper, and magazines on the floor.	MM380		

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MM380	Continued From page 5 Laundry Room: - There were dirty clothes on the floor. 4. An environmental survey was conducted on the Aspen unit on 3/11/08 from 9:45 - 11:15 a.m. and the following concerns were noted: Aspen 1 Kitchen: - There were 3 skillets that had baked on grease and food debris. - There were 3 large skillets and 1 small skillet whose Teflon surfaces were scratched and peeled. - There were 2 baking sheets whose surfaces were scratched and peeled. - The microwave had food splatters on the interior sides and top. - The lower cabinets all contained dust and food debris. Individual #79's bedroom: - There were clothes in various piles on the floor throughout the room. - The bed linens were laying on the floor. - There was trash and food debris on the floor and dresser. Individual #84's bedroom: - There was a Guinea Pig cage from which the wood shavings had been pushed out onto the floor. Aspen 2 Kitchen: - There were 2 round Pyrex serving dishes and 2 oval Pyrex serving dishes whose edges were chipped and broken. - There were 2 Teflon skillets whose surfaces were scratched and peeling. - There were 2 Teflon sauce pans whose surfaces were scratched and peeling.	MM380		

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MM380	Continued From page 6 - There was a 9 inch by 13 inch baking pan whose metal surface was scratched and peeling. Individual #89's bedroom: - There were clothes scattered across the floor. - The bedding was laying on the floor. Individual #90's bedroom: - There was clothing and scraps of paper scattered across the floor. - There were empty food containers on the floor in front of the dresser. 5. An environmental survey was conducted on the Birch unit on 3/11/08 from 11:40 a.m. - 12:20 p.m. and the following concerns were noted: Birch 1 Kitchen: - There was an electric skillet whose Teflon surface was scratched and peeling. - There were food spills and splatters on the inside of the microwave. - The cabinet in which the microwave was stored, had food spills. Individual #17's bedroom: - There was tape over the seams of the bathroom linoleum. Individual #68's bedroom: - The bedding was laying on the floor. Birch 2 Kitchen: - There were 2 large griddles whose surfaces were scratched and contained baked on grease. - There was 1 large skillet whose surface was scratched and peeling. - There was a 1 inch hole in the wall to the right of Room #182.	MM380		

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MM380	Continued From page 7 6. An environmental survey was conducted on the Redwood unit on 3/11/08 from 11:10 a.m. - 12:10 p.m. and the following concerns were noted: Unit 171, Kitchen: - The coffee service tray contained an unfinished wood surface rendering the surface un-cleanable. - There was a 4 inch by 8 inch hole in the kitchen wall. Unit 172, Main Bathroom: - Two toilets were missing their bolt covers. Unit 174, Main Bathroom: - The toilet was missing its bolt covers. Unit 174, Kitchen: - The top utensil drawer contained unfinished wood rendering the surface un-cleanable. Laundry Room: - There was a layer of dust covering the air vent. Medication Room: - There was a layer of dust covering the air vent.	MM380		
MM512	16.03.11.200 Administration The administration of ICF/MR facilities must provide for individual program planning, implementation and evaluation. Individual programs must be based on relevant assessment of needs and problems and must reflect the participation of the individual, the service providers, and where possible, the individual's family or surrogate. Individual program planning must include provisions for total program coordination and continuous, self-correcting	MM512		

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MM512	Continued From page 8 processes for review and program revision. Programming for individuals must incorporate the resident's legal rights of due process, appropriate care, training and treatment. This Rule is not met as evidenced by: Refer to W100.	MM512		
MM520	16.03.11.200.03(a) Establishing and Implementing polices The administrator will be responsible for establishing and implementing written policies and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department. This Rule is not met as evidenced by: Refer to W102 and W104.	MM520		
MM725	16.03.11.270.01(b) QMRP The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. This Rule is not met as evidenced by: Refer to W159.	MM725		
MM729	16.03.11.270.01(d) Treatment Plan Objectives The individual treatment plan must state specific objectives to reach identified goals. The	MM729		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G001	A. BUILDING _____ B. WING _____	03/17/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDAHO STATE SCHOOL AND HOSPITAL	1660 ELEVENTH AVE NORTH NAMPA, ID 83687

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM729	Continued From page 9 objectives must be: This Rule is not met as evidenced by: Refer to W227.	MM729		
MM855	16.03.11.270.08(c) Training and Habilitation Record There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident. This Rule is not met as evidenced by: Refer to W234.	MM855		

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

Susan Broetje – Administrative Director
IDAHO STATE SCHOOL AND HOSPITAL
Idaho Developmental Resource Center
1660 11TH Avenue North
Nampa, Idaho 83687-5000
PHONE 208-442-2812
Fax 208-467-0965
EMAIL broetjes@dhw.idaho.gov

April 23, 2008

Debbie Ransom, R.N. R.H.I.T.
Bureau Chief
Bureau of Facility Standards
3232 Elder Street
Boise, ID 83720-0036

RE: Idaho State School and Hospital, Provider #13G001

Dear Ms. Ransom:

Please consider this letter and the information contained within to be a credible allegation that the Idaho State School and Hospital has implemented system changes and provided training to correct the concerns that led to Conditions of Participation not being met in the recertification survey which was completed on March 17, 2008.

Policy changes were made to address identified issues. These include:

- Policy 01.31 (Obtaining and Documenting Behavioral Intervention Informed Consent) was revised to clearly specify that potential rights restrictions required informed consent.
- Policy 01.06 (Client Complaint and Grievance) was revised to clarify and streamline the process and to ensure that process outlined movement to the next step if a previously accepted solution was later deemed to be insufficient by the client.

Training was provided to address identified issues. This includes:

- All relevant staff received training on the requirements for written informed consent. This included details on when consent is needed, what information needs to be presented to the consenter, and delineated what constitutes an emergency.
- Training on relevant programs in the Life Skills and Vocational programs.
- Training was provided to staff, as needed, on implementation of client PCPs and ensuring adequate data was recorded.

Program structure changes were initiated March 17, 2008 which include:

- Increased structure in vocational training services to include task analyzed work skills in each work setting, increased job expectations, client choice in work site, and specific staff assignments to ensure consistency in work skills training.
- Development of a sensory integration program that provides a structured and interesting environment to support increased skill development.
- Designation of specific assigned staff in all areas to ensure accountability for implementing PCPs.
- Increased, integrated recreation activities.

Development of review team:

- A risk management team was developed to review critical facility data on a monthly basis and to make recommendations to Q units and Administration on needed changes to reduce risks to clients. The Administrative Director conducted the review for March data, but the team will assume this duty with the April data.
- An administrative management team will review the implementation of the recommendations and the results on a quarterly basis.
- The progress notes for March were reviewed and concerns with adequate data collection addressed. This process will be continued with an administrative review monthly and concerns immediately addressed.

In summary, the facility has implemented policy and procedural changes, provided additional training, clarified roles and expectations for key staff, reorganized staff and assigned responsibilities, completed a major restructure of the vocational and life skills training programs, and increased structure to the recreational activities. We believe these changes, which have been outlined above, have corrected the concerns that resulted in the Conditions of Participation not being met.

If you have any questions, please feel free to contact me at 442-2812 ext 700.

Sincerely,

SBroetje

Susan Broetje
Administrative Director

SB/lv

Attachments: Policies 01.31 and 01.06

Department of Health and Welfare
Idaho State School & Hospital
Nampa, Idaho

Operating Policy and Procedures

Subject: Obtaining and Documenting Behavioral Intervention Informed Consents		**Policy:** 01.31 **Page:** 1 of 6
Effective Date: April 18, 2008	**Supersedes:** R.L. #12 Dated 04/07/99 01.31 Dated 4/8/08	**Approved By:** Susan Broetje **Date:** 4/18/08

I. PURPOSE:

This policy establishes standards, guidelines, and procedures for obtaining informed consent from clients, their family members, guardians, or other legal surrogates for certain behavioral interventions, Levels III and IV ("significant intervention" per Guidelines for Behavioral Intervention policy) and other potential rights restrictions. This policy does not apply to routine behavioral interventions, Levels I and II or emergencies.

The purpose of this policy is to assure that the rights of clients are protected. Adults and emancipated minors with capacity to give informed consent or their legal surrogates where they are minors or otherwise lack capacity to give informed consent, may refuse any significant intervention and may withdraw consent at any time in writing. The decision to refuse, withhold or withdraw consent previously given shall not result in the denial of any other benefit, privilege, or service solely on the basis of refusing, withholding, or withdrawing consent, except that a voluntarily admitted client may be discharged from ISSH if informed consent is refused or withdrawn for any significant intervention.

II. DEFINITIONS:

Adult means an individual eighteen (18) years of age or older.

Danger to Himself or Others or is Gravely Disabled means the individual's current condition demonstrates:

A. A substantial risk that physical harm will be inflicted by the individual upon his own person as evidenced by threats or attempts to commit suicide or inflict physical harm on himself; or

B. A substantial risk that physical harm will be inflicted by the individual upon another as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or

C. The individual is in danger of serious physical harm due to the person's inability to understand or meet any of his basic needs for nourishment, or essential medical care, or shelter, or safety.

Emancipated Minor means an individual between fourteen (14) and eighteen (18) years of age who is married or whose emancipation has been declared by a court of competent jurisdiction.

Informed Consent means a formal expression, oral or written, by an individual who has capacity, or by his legal surrogate, that demonstrates a rudimentary understanding of the purpose, nature, and possible risks and benefits of a decision, after conscientious efforts at explanation and voluntary agreement with a proposed course of intervention, free of any duress, coercion, or undue influence after due consideration of the following factors:

- The nature and character of individual's condition and the proposed course of intervention;
- The material facts involved. Material facts are facts to which a reasonably prudent person would attach significance in deciding whether or not to participate in the proposed intervention;
- The anticipated results of the proposed intervention;
- The possible risks and benefits of the proposed intervention and the probable consequences of not receiving the proposed intervention;
- Alternative interventions reasonably available, including the ability to decline the proposed intervention;
- The right to withdraw informed consent at any time, in writing; and
- Any additional information concerning the proposed intervention requested by the individual or his legal surrogate.

Lack of Capacity to Make Informed Decisions means that after conscientious efforts at explanation, an adult or emancipated minor demonstrates an inability to achieve a rudimentary understanding of the purpose, nature, and possible risks and benefits of a proposed intervention. Lack of capacity shall be determined on a case-by-case basis by the attending physician or their surrogates to a reasonable degree of medical certainty. Lack of capacity is not evidenced by improvident decisions within the discretion allowed non-developmentally disabled individuals. An adult or emancipated minor shall not be deemed to lack capacity to give informed consent to or refuse, withhold, or withdraw consent to a significant intervention solely by reason of one or more of the following factors:

A. The individual has been voluntarily admitted or involuntarily committed to ISSH, unless specifically identified within the court commitment judgment;

B. The individual has been diagnosed as mentally ill, mentally retarded, or developmentally disabled;

C. The individual has disagreed or now disagrees with the Treatment Team's diagnosis;

D. The individual has disagreed or now disagrees with the Treatment Team's recommendation regarding intervention.

Minor means an individual under eighteen (18) years of age.

III. POLICY:

Informed Consent - Basic Rule
ISSH must obtain informed consent from adults and emancipated minors for any significant intervention, Levels III and IV, per Guidelines for Behavioral Intervention policy and for any program or intervention which restrict a client's rights. If an adult or emancipated minor lacks capacity to give informed consent, or the individual is a minor, ISSH must obtain informed consent for any significant intervention, Levels III and IV, from one of the following classes of persons in the following order of priority:

1. The individual's legal guardian;
2. The person named in a "Living Will and Durable Power of Attorney for Health Care;"
3. If married, the individual's spouse;
4. A parent of such individual;
5. Any relative representing himself to be an appropriate, responsible person to act under the circumstances; or
6. Any other competent individual representing himself to be responsible for the health care of such person.

Necessary Information
An individual's right to decide whether or not to undergo a significant intervention establishes a corresponding duty on the individual's Interdisciplinary Team to inform the individual about the recommended intervention so that the individual's decision is meaningful. The Interdisciplinary Team is responsible for disclosing information that they reasonably believe would be regarded as significant by a reasonable person in the individual's condition and circumstances when deciding to accept or reject the proposed intervention. In order to give informed consent the individual must be informed of:

- The nature and character of individual's condition and the proposed intervention;
- The material facts involved. Material facts are facts to which a reasonably prudent person would attach significance in deciding whether or not to participate in the proposed intervention;
- The anticipated results of the proposed intervention;
- The possible risks and benefits of the proposed intervention and the probable consequences of not receiving the proposed intervention;

- Alternative interventions reasonably available, including the ability to decline the proposed intervention;

- The right to withdraw informed consent at any time, in writing; and

- Any additional information concerning the proposed significant intervention requested by the individual or his legal surrogate.

Interventions Requiring Informed Consent
Informed consent, as distinguished from consent, is not required for all interventions. For example, informed consent is not required for "simple and common" interventions, as described in Levels I and II in the Guidelines for Behavioral Intervention policy, where the related risks are commonly understood. Informed consent is required for significant interventions that are more complex, invasive, or involve the risk of serious injury and shall be required for significant interventions described in Levels III and IV.

Interventions Not Requiring Informed Consent
Informed consent is not required in the following three circumstances:

1. The delivery of routine programs and services; or

2. Emergency procedures or interventions, including but not limited to, the administration or use of chemical or mechanical restraints; or

3. Routine behavioral interventions as described in Levels I and II, where the risks are minor or well known to the average person.

Emergencies - Authorization or Administration of Significant Interventions Without Informed Consent.
An emergency exists if in the opinion of the Interdisciplinary Team:

1. Immediate action is required to preserve the life or physical health of a client and it is impractical to obtain informed consent; or

2. Immediate action is required because the behavior of the client creates a substantial likelihood of immediate physical harm to the client or others and it is impractical to obtain informed consent; or

3. The individual's current condition demonstrates that he is a danger to self or others and it is impractical to obtain informed consent.

IV. DOCUMENTING INFORMED CONSENT IN THE CLIENT SERVICES RECORD

A standard informed consent form will be utilized by the Interdisciplinary Team.

a. The client or his legal surrogate shall sign the informed consent form.

b. After receipt of the signed informed consent, the Human Rights Committee (HRC) Chair or an HRC member will sign and date the form indicating knowledge of receipt.

c.. The original signed informed consent form(s) will be placed in the permanent client services record in Health Information Management (HIM).
Note: A faxed copy of the executed informed consent will be considered as an original.

Obtaining Informed Consent From Legal Surrogates
A request for informed consent directed to a legal surrogate may be sent by mail, fax, electronic transfer, e-mail, or any other commonly recognized mode of communication.

a. A cover letter will be sent that explains why informed consent is being sought. The cover letter will also explain that the legal surrogate may call the person indicated in the letter to obtain answers to any questions. The cover letter will include the following enclosures: informed consent form; drug information sheets; behavior management program; pictures of proposed restraint procedures; Tardive Dyskinesia information sheet; Neuroleptic Malignant Syndrome information; and psychiatric consultation when indicated.

b. If the informed consent form is not returned within ten (10) days, a Social Worker will attempt to contact the legal surrogate via telephone for a telephone informed consent (see next section). The Social Worker will document all efforts made to contact the legal surrogate by telephone. If the legal surrogate cannot be reached by telephone, the Social Worker will send a second request for informed consent with cover letter and enclosures.

If the informed consent form is not returned within ten (10) days of the second mailing, the Social Worker will contact the Administrative Director. If the Administrative Director approves the procedure/program/medication or intervention, a copy of the executed informed consent form will be sent to the legal surrogate.

Verbal Telephone Informed Consent
Verbal telephone informed consent from a legal surrogate may be used, if the delay caused by waiting for an original written informed consent to be returned or received creates a substantial likelihood of immediate physical harm to the client or may be dangerous to the health of the client.

a. A telephone informed consent must be witnessed by a third party and documented in the client's record with time, date, and witness's signature.

b. All telephone informed consents will be followed up with a request for written informed consent that complies with this policy within ten (10) days of obtaining a telephone informed consent.
Note: A faxed copy of the executed informed consent will be considered as an original.

c. A copy of all signed telephone consents will be immediately forwarded to Administration.

d. All telephone consents will be monitored by the assigned Administrative Assistant to ensure written consents are obtained in a timely manner.

Duration of Informed Consents
For most significant interventions, telephone informed consents will be valid for thirty (30) days from the date that the form is executed, unless otherwise specified. If a written informed consent is not received within 30 days and the legal surrogate has not responded, the Administrative Director may approve continuation of the process, program, or medication. A copy of the executed informed consent form will be sent to the legal surrogate. Written informed consents will be valid for one year from the date the form is executed, unless otherwise specified.

Notice to Client and Employees
Upon a client's admission, ISSH shall inform the client of the rights, policies, and procedures set forth in this policy on informed consent. All employees of ISSH involved in client care shall be notified in writing at the commencement of their employment, or for present employees, within a reasonable time after the effective date of this rule, of the rights and procedures set forth on informed consent.

V. ATTACHMENTS:

ISSH Form #6413t - Telephone Informed Consent
ISSH Form #6413w - Written Informed Consent

VI. REFERENCES:

ICF/MR Regulations W112-113, W124, W263

ISSH Form #6413w

IDAHO STATE SCHOOL AND HOSPITAL
NAMPA, IDAHO

WRITTEN INFORMED CONSENT

Client Name:	CSU:
File No:	Date:
Date of Birth:	

DESCRIPTION OF AND REASON FOR PROPOSED TREATMENT OR PROCEDURE:

INTENDED BENEFITS OF THE PROCEDURE:

POSSIBLE RISKS OR COMPLICATIONS OF THE PROCEDURE:

ALTERNATE FORMS OF TREATMENT AND THEIR RISKS/BENEFITS IF THE PROPOSED PROCEDURE IS NOT APPROVED:

ADDITIONAL INFORMATION (e.g. persons conducting the procedure if outside ISSH, location of procedure if outside ISSH):

NAME & TITLE OF PERSON COMPLETING THIS FORM:

If you have questions regarding the proposed treatment or procedure, contact:

_____ at 442-2812 ext _____.

I have reviewed the treatment or procedure described on Page 1. I have had a chance to ask any questions regarding the proposed treatment or procedure. I am also aware that I may withdraw my consent, in writing, at anytime before the procedure has been completed or implemented.

*If approval is denied, please contact the facility immediately to discuss alternatives. If the request is for continuation of a procedure that is already in place, the procedure will not be discontinued until a treatment alternative is determined.

_____ _____
Signature of Consenter Relationship of Consenter to Client

_____ _____
Printed Name of Consenter Date

❑ Approval Granted ❑ Approval Denied

I wish to be informed of the results. YES_____ NO_____ N/A _____

_____ _____
HRC Representative HRC Date

_____
Consent expiration date

ISSH Form #6413t

IDAHO STATE SCHOOL AND HOSPITAL
NAMPA, IDAHO

TELEPHONE INFORMED CONSENT

Client Name:	CSU:
File No:	Date:
Date of Birth:	

DESCRIPTION OF AND REASON FOR PROPOSED TREATMENT OR PROCEDURE:

INTENDED BENEFITS OF THE PROCEDURE:

POSSIBLE RISKS OR COMPLICATIONS OF THE PROCEDURE:

ALTERNATE FORMS OF TREATMENT AND THEIR RISKS/BENEFITS IF THE PROPOSED PROCEDURE IS NOT APPROVED:

ADDITIONAL INFORMATION (e.g. persons conducting the procedure if outside ISSH, location of procedure if outside ISSH):

NAME & TITLE OF PERSON COMPLETING THIS FORM:

ISSH TELEPHONE INFORMED CONSENT
Name:
File No:
Date:

The treatment or procedure on Page 1 has been explained by telephone and the legal surrogate has had a chance to ask any questions regarding this and is also aware that consent may be withdrawn, in writing, at anytime before the procedure has been completed or implemented.

Name of Person Contacted	Relationship to Client
Signature of person requesting consent	Signature of Witness
Date	Time
❑ Approval Granted	❑ Approval Denied

Consenter wishes to be informed of the results: ❑YES ❑NO ❑ N/A

Signature of HRC representative _____ Date _____

Expiration Date of Telephone Consent

Department of Health and Welfare
Idaho State School & Hospital
Nampa, Idaho

Operating Policy and Procedures

Subject: Client Complaint and Grievance		**Policy:** 01.06 **Page:** 1 of 3
Effective Date: April 22, 2008	**Supersedes:** Res. Rts. #2 Dated 03/22/01; Admin. Dir. 1 Dated 06/23/00; Admin. Dir. 2 Dated 08/15/00 01.06 Dated 2/10/07	**Approved By:** Susan Broetje **Date:** 4/22/08

I. PURPOSE:

Idaho State School and Hospital clients have the right to voice grievances and to recommend changes in the policies and/or services being offered at the facility as specified in Idaho Code 66-412 3f. Clients are allowed and encouraged to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process per ICF/MR Regulation W125.

II. POLICY:

Upon admission, each client, legal guardian, or personal representative shall be informed of the rights and procedures outlined in this policy in a language that they can understand. This information will be reviewed annually and/or when a change in policy occurs. Copies of the Client Complaint and Grievance, ISSH Form #8378, shall be accessible and available to clients, legal guardians/advocates, and staff. Note: All references to client in this policy include client's legal guardian or personal representative.

III. DEFINITIONS:

Complaint – A statement made by a client, legal guardian, or informal representative that indicates that they are in disagreement with a decision, policy, or procedure.

Grievance – The formal process that occurs when the client, legal guardian, or personal advocate has been unable to satisfactorily resolve their complaint.

A complaint or grievance is not to be confused with an allegation of abuse or neglect.

NOTE: Any allegations of client abuse, mistreatment, or neglect will be immediately forwarded to the Administrative Director for investigation per ISSH Policy 01.11 regarding Abuse Prevention and ICF/MR Regulation Appendix Q.

Informal Resolution – Whenever possible, a client, legal guardian, or advocate should attempt to present and resolve complaints informally with the person(s) involved.

IV. PROCEDURE:

Complaint/Grievance Process

Ideally, the client, guardian, and/or representative will be encouraged, but not required to make a good faith effort to try and solve the issue at the source or lowest level appropriate for desired outcome. If the issue is not resolved, the client, guardian, and/or representative may file a grievance.

Phase I:

A. As needed, staff will assist the client or their representative in the steps for filing the grievance, including completing the Client Complaint and Grievance, ISSH Form #8378.

B. The Client Complaint and Grievance form will be forwarded to the client's Social Worker for resolution. The Social Worker will assemble a Review Team (a minimum of 3 and a maximum of 5 members) that consists of one representative from the Performance Improvement (P.I.) Department and at least two Treatment Team members. This team will review the information and propose/discuss a resolution to the client within 5 working days. The resolution and client's degree of satisfaction with the resolution will be documented on the form (#8378).

C. A copy of the Client Complaint and Grievance form with the Review Team's resolution, Page 1, will be forwarded to the Social Worker for monitoring and follow up. The Social Worker will also contact the guardian, when applicable, to inform them of the grievance and the process for resolution.

1. Documentation of all complaints and grievances independent of the level of resolution will be filed in the Social Worker's office for a period of 12 months.

Phase II:

D. If the issue is not resolved to the client's satisfaction at the Review Team level, the client may request a review by the Client Grievance Committee. Even if the client initially accepts the resolution, and within 30 days determines that the resolution was not satisfactory, this phase will be implemented. Do not return to Phase I.

1. The Client Grievance Committee will consist of three staff chosen by the Administrative Director and appointed on a case-by-case basis.

2. The Committee will be presented with the initial grievance form. The committee will review the initial form and the proposed solution. The committee will then meet with the client and discuss his/her concerns.

3. The Committee will propose an alternate solution to the client within 5 working days of receipt of the unresolved grievance.

E. A copy of the Client Complaint and Grievance form, Page 2, will be forwarded to the Social Worker for monitoring and follow up. The Social Worker will also contact the guardian, when applicable, to inform them of the grievance and the process for resolution.

1. Documentation of all complaints and grievances independent of the level of resolution will be filed in the Social Worker's office for a period of 12 months.

Phase III:

F. If, for any reason, the Grievance Committee's resolution is unsatisfactory to the client, the opportunity to request an Independent Review will be offered to the client.

1. This review may be conducted by the client's choice of persons or groups, such as a hearing officer, lawyer, or private advocacy group.

2. Once the client has identified the entity they wish to review their grievance, the Administrative Director will forward to that entity all necessary and pertinent information to assist them in conducting an Independent Review.

3. Findings of the Independent Review will be forwarded to the client and the Administrative Director for review. The recommendations of the Independent Review are not binding on ISSH.

4. The Administrative Director will be required to review and indicate a resolution. Following this review, the decision of the Administrative Director will be final.

G. A copy of the Client Complaint and Grievance form, Page 3, will be forwarded to the Social Worker for monitoring and follow up. The Social Worker will also contact the guardian, when applicable, to inform them of the grievance and the process for resolution.

1. Documentation of all complaints and grievances independent of the level of resolution will be filed in the Social Worker's office for a period of 12 months.

V. ATTACHMENTS:

ISSH Form #8378 -- Client Complaint and Grievance

VI. REFERENCES:

Idaho Code 66-412 3f; ICF/MR W125 & Appendix Q

ISSH Form #8378

CLIENT COMPLAINT AND GRIEVANCE

Client Name: _____ CSU: _____ Date Received: _____

Details of the Compliant:

Treatment Team Proposed Resolution (due within 5 working days of receipt)

Signatures of Review Team: Date:

_____ _____

_____ _____

_____ _____

Is the client satisfied with proposed resolution?

❑ Yes (Return form to Social Worker after client signs below)

❑ No (Refer to Administrative Director to appoint Grievance Committee)

_____ _____

Client Signature Date

CLIENT COMPLAINT AND GRIEVANCE

Client Name: _____ CSU: _____ Date Received: _____

Grievance Committee Proposed Resolution (due within 5 working days of receipt)

Signatures of Grievance Committee Members: Date:

_____ _____

_____ _____

_____ _____

Is the client satisfied with proposed resolution?

❑ Yes (Return form to Social Worker after client signs below)

❑ No (Refer to Administrative Director for Independent Review)

_____ _____

Client Signature Date

CLIENT COMPLAINT AND GRIEVANCE

Client Name: _____ CSU: _____ Date Received: _____

Independent Review Proposed Resolution (due within 5 working days of receipt)

Signatures of Independent Review Members: Date:

_____ _____

_____ _____

_____ _____

Is the client satisfied with proposed resolution?

❑ Yes (Return form to Social Worker after client signs below)

❑ No (Refer to Administrative Director for Independent Review)

_____ _____

Client Signature Date

Administrative Director's Final Resolution: (Attach separate page, if necessary)

_____

_____

_____

_____ _____

Signature Date

IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

April 3, 2008

Susan Broetje
Idaho State School And Hospital
1660 Eleventh Avenue North
Nampa, Idaho 83687

Provider #13G001

Dear Ms. Broetje:

On March 3 to March 17, 2008, an unannounced on-site Complaint/Recertification Survey was conducted at Idaho State School And Hospital. During that time, observations, record reviews, and interviews with facility staff were completed. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003359

Allegation #1: There are a lot of medication errors in part because staff have other duties to perform during medication administration.

Findings: Observations of medication administration were conducted over the course of the survey. Staff were not noted to have other duties to perform during those observations. No less than 7 direct care staff who passed medications were asked about performing other duties during medication administration. All staff stated they were not required to perform other duties during medication administration.

The Supervisor of the facility's Pharmacy Services was also interviewed on 3/11/08 about medication errors which were dated 7/1/07 through 1/31/08. The Supervisor stated the facility was averaging 5 medication errors a month. The Supervisor stated there was an increase in medication errors in July 2007, when direct care staff started passing medications, and immediate corrective action was taken. The Supervisor stated after July 2007, medication errors returned to the above noted monthly average.

The Supervisor stated the most critical medication error involved a nurse not administering a dose of insulin. The Supervisor stated the individual's blood sugar was monitored and there was no adverse effect.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: Staffing has decreased to minimum safety numbers.

Findings: Observations and interviews with unit supervisors and direct care staff were conducted over the course of the survey. Observations showed the living units were staffed at or just above safety numbers. Supervisors reported they were working at safety numbers the majority of the time due to staff calling in sick, job related injuries, and scheduled vacations. Supervisors reported they were not prevented from scheduling additional staff to work above the safety numbers. Direct care staff reported they worked the majority of the time at safety numbers. As-worked staffing schedules, dated 9/07 - 2/08, were reviewed and documented staff were working the majority of the time at or just above safety numbers.

Conclusion: Substantiated. No deficiencies related to the allegation are cited.

Allegation #3: Individuals are receiving continuous PRN (as needed) behavior modifying drugs.

Findings: Seventeen individuals' behavior modifying drug records, dated 9/07 through 2/08, were selected for review. Pharmacy personnel reported 12 of the 17 individuals received no PRN (as needed) behavior modifying drugs during that time period. Of the remaining five individuals, two individuals each received 1 PRN behavior modifying drug and one individual received 2 PRN behavior modifying drugs.

Of the remaining two individuals, one individual received an average of 6.8 PRN behavior modifying drugs a month and the second individual received an average of 9.6 PRN behavior modifying drugs a month. Further, the two individuals' behavior data was reviewed and compared to the PRN drug use. Although the two individuals received PRN behavior modifying drugs, the PRN drug use was not continuous. Additionally, based on the duration, intensity, and severity of the behavioral episodes, the PRN drugs were used appropriately.

Interviews with pharmacy personnel and QMRPs (Qualified Mental Retardation Professionals) were conducted over the course of the survey. Pharmacy personnel reported they were monitoring individuals' PRN drug use in conjunction with their routine medications. The QMRPs reported they believed the PRN drugs for the two individuals noted above, were justified based on the duration, intensity, and severity of the behavioral episodes.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #4: The number of staff required to perform restraints is not accurate in individuals' behavior plans.

Findings: Seventeen individuals were selected for review. Facility staff and individuals' guardians were interviewed regarding the number of staff required to restrain individuals when they engaged in maladaptive behaviors. One individual's behavior plan stated one staff was required for restraint. However, staff who worked with the individual and the individual's guardian all stated at least two staff were required to restrain the individual when the individual engaged in maladaptive behaviors. Further, a restraint of the individual was observed during the survey and two staff were noted to perform the restraint.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation were cited at W234.

Allegation #5: Meeting minutes are being edited.

Findings: Behavior Meeting Minutes and Interdisciplinary Team Meeting Minutes, dated 9/07 - 2/08, were reviewed for no less than three living units. Those Meeting Minutes were compared for consistency and accuracy. There was no evidence that the Minutes were being edited or falsified. The Program Director reported at the pre-exit conference that he reviewed Meeting Minutes and edited mis-spelled words within those documents but did not edit the content.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

MONICA WILLIAMS
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MW/mlw
CC: Senator Lodge

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
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April 3, 2008

Susan Broetje
Idaho State School And Hospital
1660 Eleventh Avenue North
Nampa, Idaho 83687

Provider #13G001

Dear Ms. Broetje:

On March 3 to March 17, 2008, an unannounced on-site Complaint/Recertification Survey was conducted at Idaho State School And Hospital. During that time, observations, record reviews, and interviews with facility staff were completed. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003376

Allegation #1: Staffing levels have been decreased.

Findings: Observations and interviews with unit supervisors and direct care staff were conducted over the course of the survey. Observations showed the living units were staffed at or just above safety numbers as identified on the facility's As-Worked schedules. Direct care staff were asked about numbers of staff required to provide individuals with active treatment services. Staff reported that in order to provide "enriched" active treatment, an additional staff was helpful. Direct care staff reported they worked the majority of the time at safety numbers.

Supervisors reported they were working at safety numbers the majority of the time due to staff calling in sick, job related injuries, and scheduled vacations. Supervisors reported they were not prevented from scheduling additional staff to work above the safety numbers.

As-Worked Schedules, dated 9/07 - 2/08, were reviewed and documented staff were working the majority of the time at or just above safety numbers.

Conclusion: Substantiated. No deficiencies related to the allegation were cited.

Allegation #2: There are not enough staff to work with individuals when they engage in maladaptive behaviors.

Findings: Observations and interviews with unit supervisors and direct care staff were conducted over the course of the survey. Observations showed the living units were staffed at or just above safety numbers and unit supervisors reported they were not prevented from scheduling additional staff to work above the safety numbers. Direct care staff reported they worked the majority of the time at safety numbers.

As-worked staffing schedules, dated 9/07 - 2/08, were reviewed and documented staff were working the majority of the time at or just above safety numbers. Additionally, the facility's Red Alert reports, dated 9/07 - 2/08, documented suffcient numbers of staff responded and were available to assist with individuals when they engaged in maladaptive behaviors.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: The number of staff required to perform restraints is not accurate in individual's behavior plans.

Findings: Seventeen individuals were selected for review. Facility staff and individuals' guardians were interviewed regarding the number of staff required to restrain individuals when they engaged in maladaptive behaviors. One individual's behavior plan stated one staff was required for restraint. However, staff who worked with the individual and the individual's guardian all stated at least two staff were required to restrain the individual when the individual engaged in maladaptive behaviors.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited at W234.

Allegation #4: Individuals are receiving continuous PRN (as needed) behavior modifying drugs.

Findings: Seventeen individuals' behavior modifying drug records, dated 9/07 through 2/08, were selected for review. Pharmacy personnel reported 12 of the 17 individuals received no PRN (as needed) behavior modifying drugs during that time period. Of the remaining five individuals, two individuals each received 1 PRN behavior modifying drug and one individual received 2 PRN behavior modifying drugs.

Of the remaining two individuals, one individual received an average of 6.8 PRN behavior modifying drugs a month and the second individual received an average of 9.6 PRN behavior modifying drugs a month. Further, the two individuals' behavior data was reviewed and compared to the PRN drug use. Although the two individuals received PRN behavior modifying drugs, the PRN drug use was not continuous. Additionally, based on the duration, intensity, and severity of the behavioral episodes, the PRN drugs were used appropriately.

Interviews with pharmacy personnel and QMRPs (Qualified Mental Retardation Professionals) were conducted over the course of the survey. Pharmacy personnel reported they were monitoring individuals' PRN drug use in conjunction with their routine medications. The QMRPs reported they believed the PRN drugs for the two individuals noted above, were justified based on the duration, intensity, and severity of the behavioral episodes.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #5: Individuals' maladaptive behaviors have increased and staff are getting hurt.

Findings: Fifteen individuals' behavior intervention plans and behavior data, dated 9/07 through 2/08, were reviewed. One individual's behavior data showed his maladaptive behavior increased in January 2008 and Team Meeting Minutes, dated 1/15/08, stated the individual caused 2 concussions to separate staff in less than a week. A meeting with the individual's school and an IST (Intervention Strategy Team) meeting were held to address the individual's maladaptive behavior. Additionally, the individual's Intervention Plan for maladaptive behavior, updated 1/08, included an objective and interventions to address physical assault. Interviews were conducted with the individual's Clinician and QMRP (Qualified Mental Retardation Professional) who both stated the individual's maladaptive behavior increased in January 2008.

Conclusion: Substantiated. No deficiencies related to the allegation are cited.

Allegation #6: School hours have been reduced because of individuals' maladaptive behaviors.

Findings: Four individuals who attended school were reviewed. The four individuals' behavior intervention plans and behavior data, dated 9/07 through 2/08 were also reviewed. One individual's behavior data showed his maladaptive behavior increased in January 2008 and Team Meeting Minutes, dated 1/15/08, stated his school hours had been reduced because of his behavior. A meeting with the individual's school and an IST (Intervention Strategy Team) meeting were held to address the individual's maladaptive behavior. Additionally, the individual's Intervention Plan for maladaptive behavior, updated 1/08, included an objective and interventions to address physical assault.

Interviews were conducted with the individual's Clinician and QMRP (Qualified Mental Retardation Professional) who both stated the individual's maladaptive behavior increased in January 2008.

Conclusion: Substantiated. No deficiencies related to the allegation are cited.

Allegation #7: Individuals are getting injured during restraints, in part, because of under-staffing.

Findings: The facility's incident/accident reports and investigations, dated 9/07 - 2/08, were reviewed. The incident/accident reports and investigations did not show that individuals were getting injured during restraints due to under-staffing. Additionally, the facility's Red Alert reports, dated 9/07 - 2/08, documented sufficient numbers of staff responded and were available to assist with individuals when they engaged in maladaptive behaviors. Further, as-worked staffing schedules, dated 9/07 - 2/08, were reviewed and correlated to individual's restraint data which showed there was no correlation between restraints with injuries and low numbers of staff.

Observations and interviews with unit supervisors and direct care staff were conducted over the course of the survey. Observations showed the living units were staffed at or just above safety numbers and unit supervisors reported they were not prevented from scheduling additional staff to work above the safety numbers. Direct care staff reported they worked the majority of the time at safety numbers.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #8: Staff has been reduced based on numbers and not on individuals' needs and is supposed to be reduced again in March 2008.

Findings: Observations were conducted over the course of the survey and showed the living units were staffed at or just above safety numbers and based on those observations, there were sufficient numbers of staff to meet individuals' needs. Interviews with unit supervisors and direct care staff were also conducted over the course of the survey. Unit supervisors reported they were not prevented from scheduling additional staff to work above the safety numbers. Direct care staff reported they worked the majority of the time at safety numbers. As-worked staffing schedules, dated 9/07 - 2/08, were reviewed and documented staff were working the majority of the time at or just above safety numbers.

Administrative staff were interviewed during the survey and reported that staffing schedules were revised and would be implemented on March 17, 2008. Administrative staff stated numbers of staff were not reduced; the revised schedules allowed for an over-lap of staff during individuals' waking hours to allow for more 1:1 and off-campus activities.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #9: There have been a lot of medication errors since direct care staff started passing medications.

Findings: Observations of medication administration were conducted over the course of the survey and no medication errors were identified.

The Supervisor of the facility's Pharmacy Services was also interviewed on 3/11/08 about medication errors which were dated 7/1/07 - 1/31/08. The Supervisor stated the facility was averaging 5 medication errors a month. The Supervisor stated there was an increase in medication errors in July 2007, when direct care staff started passing medications, and immediate corrective action was taken. The Supervisor stated after July 2007, medication errors returned to the above noted monthly average. The Supervisor stated the most critical medication error involved a nurse not administering a dose of insulin. The Supervisor stated the individual's blood sugar was monitored and there was no adverse effect.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

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April 3, 2008

Susan Broetje
Idaho State School And Hospital
1660 Eleventh Avenue North
Nampa, Idaho 83687

Provider #13G001

Dear Ms. Broetje:

On **March 17, 2008**, a Complaint/Recertification Survey was conducted at Idaho State School And Hospital. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003420

Allegation: An individual's maladaptive behavior has been psychologically abusive to other individuals. Staff do nothing to change the individual's maladaptive behaviors. Individual's have filed grievances about an individual's maladaptive behaviors being psychologically abusive to them. The resolutions to those grievances have not prevented the situation from re-occurring and individual's are isolating in their rooms to avoid the individual.

Findings: An unannounced on-site survey was conducted from 3/3/08 - 3/17/08. During that time, observations, record reviews, and interviews with facility staff were completed with the following results:

The facility's policy titled "Abuse Prevention" was dated 7/10/07. The policy stated "It is the policy at (the facility) to aggressively work toward reducing the possibility of any form of abuse or mistreatment to the individuals who reside here." The policy defined psychological abuse as "...humiliation, harassment, threats of punishment or deprivation of/to an individual."

The policy listed examples of psychological abuse which included "Using derogatory terms to describe persons with disabilities...and Humiliating, ridiculing, threatening intimidating or making fun (verbal or gesture) of a client...and...Cursing or profane language directed at a client." Further, the policy defined neglect as "the deliberate failure to provide goods and services necessary to avoid physical or psychological harm." The policy listed examples of neglect which included "Directing or permitting a client to humiliate, ridicule, threaten, intimidate or make fun of another individual...and...Directing or permitting a client to curse or use profane language or inappropriately scream or yell at another individual."

A total of nine adult males resided on a living unit. An individual residing on the living unit exhibited maladaptive behaviors which included threat/verbal assaults and offensive language. During the survey, four of the individual's peers requested to talk with the surveyors. All four individuals expressed concerns regarding the threat/verbal assaults and offensive language. The four individuals stated they had expressed their concerns to facility staff, including the Program Director, QMRP, and Social Worker, but had not obtained resolution to their concerns. Additionally, the facility's grievances/complaints were reviewed and showed 4 of the individual's peers filed 16 grievances between 12/14/07 and 2/18/08 regarding the individual's threats/verbal assaults and maladaptive behaviors.

A document, dated 2/21/08, was attached to a grievance filed by one of the individual's peers on 2/3/08. The document stated the Social Worker and the QMRP met with the individual's peer. The document stated the QMRP and the Social Worker recognized the individual had been "extremely abusive to staff and peers" and they suggested that the individual's peer go to his room or go to the television room to avoid the individual.

Additionally, on 3/12/08 at 11:50 a.m., the QMRP was interviewed regarding the concerns the individuals had expressed about the individual's ongoing maladaptive behaviors. The QMRP stated the following had been done in response to their concerns:

- The individual was moved on 2/13/08 to the opposite side of the hall and they tried to get individual's peers off the unit.

- One of the individual's peers would try to avoid the individual by going to his room and listening to his stereo, and sometimes he would go to the kitchen.

- A second of the individual's peers would often go to his room or outside when the individual was in the area.

- A third of the individual's peers dealt with the individual by going to his room or trying to be the individual's friend.

The QMRP stated the individual's peer did not have any BRFs (Behavior Reporting Form) related to the individual, but the peer went home frequently and "gets a break" from the individual.

- A fourth of the individual's peers would stay away from the individual and or go to his room to avoid the individual.

The individual's BRF (Behavior Reporting Form) included tracking for Threat/Verbal Assaults, which was defined as "A verbal statement or gesture which a reasonable person would interpret as a threat. Examples include: I'm going to kill you, I'm going to cut out your eyes/eye, you better watch your back, making a gesture of slicing across the throat, any type of overt sexual threat." A review of the individual's behavior data summaries from 9/07 to 2/08 documented he engaged in ongoing threats/verbal assault toward staff and his peers during the 6 month period.

The individual's BRF also included tracking for Offensive Language, which was defined as "Swearing or outburst made in anger or with the implied purpose to insult or irritate." A review of the individual's behavior data summaries from 9/07 to 2/08 documented he had also engaged in the ongoing use of offensive language during the 6 month period.

Additionally, an observation was conducted on 3/10/08 from 4:45 - 5:30 p.m. During that time, the individual was observed to be leaning on the desk in the main area of the unit. At 4:50 p.m., the individual started screaming and using offensive language repeatedly. It was not clear if the statements were directed towards the four peers who were present or staff.

The individual's Intervention Plan for maladaptive behaviors, dated 11/29/07, stated his challenging behaviors included offensive language (described on the BRF as swearing or insults). However, the plan did not include instructions to staff related to offensive language. Additionally, the plan stated his challenging behaviors included threats/verbal assaults (described on the BRF as "A verbal statement or gesture which a reasonable person would interpret as a threat. Examples include: I'm going to kill you, I'm going to cut out your eyes/eye, you better watch your back, making a gesture of slicing across the throat, any type of overt sexual threat."). However, his Intervention Plan for maladaptive behavior did not include an objective or instructions to staff related to threats/verbal assaults.

When asked during a telephone interview on 3/14/08 from 2:35 - 2:40 p.m., if there was an objective in place to address the individual's threats/verbal assaults, the QMRP (Qualified Mental Retardation Professional) stated there was not. The QMRP also stated instructions for threats/verbal assaults and offensive language were not included in the individual's Intervention Plan.

The facility failed to ensure sufficient interventions were implemented in response to an individual's maladaptive behaviors and grievances filed by individuals regarding the individual's continued verbal abuse were sufficiently resolved. This resulted in individuals not being protected from physical abuse, psychological abuse, and neglect as defined by the facility's Abuse Prevention policy.

Therefore, the allegation was substantiated and deficient practice was identified at W125, W149, W227, and W234.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation were cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

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April 3, 2008

Susan Broetje
Idaho State School And Hospital
1660 Eleventh Avenue North
Nampa, Idaho 83687

Provider #13G001

Dear Ms. Broetje:

On **March 17, 2008**, a Complaint/Recertification Survey was conducted at Idaho State School And Hospital. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003431

Allegation: An individual is verbally abusive to other individuals. This has been reported to the Program Director but he has referred it back to the QMRP (Qualified Mental Retardation Professional). The QMRP has not done anything to resolve the issue.

Findings: An unannounced on-site survey was conducted from 3/3/08 - 3/17/08. During that time, observations, record reviews, and interviews with facility staff were completed with the following results:

The facility's policy titled "Abuse Prevention" was dated 7/10/07. The policy stated "It is the policy at (the facility) to aggressively work toward reducing the possibility of any form of abuse or mistreatment to the individuals who reside here." The policy defined psychological abuse as "...humiliation, harassment, threats of punishment or deprivation of/to an individual." The policy listed examples of psychological abuse which included "Using derogatory terms to describe persons with disabilities...and Humiliating, ridiculing, threatening intimidating or making fun (verbal or gesture) of a client...and...Cursing or profane language directed at a client."

Further, the policy defined neglect as "the deliberate failure to provide goods and services necessary to avoid physical or psychological harm." The policy listed examples of neglect which included "Directing or permitting a client to humiliate, ridicule, threaten, intimidate or make fun of another individual...and...Directing or permitting a client to curse or use profane language or inappropriately scream or yell at another individual."

A total of nine adult males resided on a living unit. An individual residing on the living unit exhibited maladaptive behaviors which included threat/verbal assaults and offensive language. During the survey, four of the individual's peers requested to talk with the surveyors. All four individuals expressed concerns regarding the threat/verbal assaults and offensive language. The four individuals stated they had expressed their concerns to facility staff, including the Program Director, QMRP, and Social Worker, but had not obtained resolution to their concerns. Additionally, the facility's grievances/complaints were reviewed and showed 4 of the individual's peers filed 16 grievances between 12/14/07 and 2/18/08 regarding the individual's threats/verbal assaults and maladaptive behaviors.

A document, dated 2/21/08, was attached to a grievance filed by one of the individual's peers on 2/3/08. The document stated the Social Worker and the QMRP met with the individual's peer. The document stated the QMRP and the Social Worker recognized the individual had been "extremely abusive to staff and peers" and they suggested that the individual's peer go to his room or go to the television room to avoid the individual.

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The individual's BRF (Behavior Reporting Form) included tracking for Threat/Verbal Assaults, which was defined as "A verbal statement or gesture which a reasonable person would interpret as a threat. Examples include: I'm going to kill you, I'm going to cut out your eyes/eye, you better watch your back, making a gesture of slicing across the throat, any type of overt sexual threat." A review of the individual's behavior data summaries from 9/07 to 2/08 documented he engaged in ongoing threats/verbal assault toward staff and his peers during the 6 month period.

The individual's BRF also included tracking for Offensive Language, which was defined as "Swearing or outburst made in anger or with the implied purpose to insult or irritate." A review of the individual's behavior data summaries from 9/07 to 2/08 documented he had also engaged in the ongoing use of offensive language during the 6 month period.

Additionally, an observation was conducted on 3/10/08 from 4:45 - 5:30 p.m. During that time, the individual was observed to be leaning on the desk in the main area of the unit. At 4:50 p.m., the individual started screaming and using offensive language repeatedly. It was not clear if the statements were directed towards the four peers who were present or staff.

The individual's Intervention Plan for maladaptive behaviors, dated 11/29/07, stated his challenging behaviors included offensive language (described on the BRF as swearing or insults). However, the plan did not include instructions to staff related to offensive language. Additionally, the plan stated his challenging behaviors included threats/verbal assaults (described on the BRF as "A verbal statement or gesture which a reasonable person would interpret as a threat. Examples include: I'm going to kill you, I'm going to cut out your eyes/eye, you better watch your back, making a gesture of slicing across the throat, any type of overt sexual threat."). However, his Intervention Plan for maladaptive behavior did not include an objective or instructions to staff related to threats/verbal assaults.

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The facility failed to ensure sufficient interventions were implemented in response to an individual's maladaptive behaviors and grievances filed by individuals regarding the individual's continued verbal abuse were sufficiently resolved. This resulted in individuals not being protected from physical abuse, psychological abuse, and neglect as defined by the facility's Abuse Prevention policy.

Therefore, the allegation was substantiated and deficient practice was identified at W125, W149, W227, and W234.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation were cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

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